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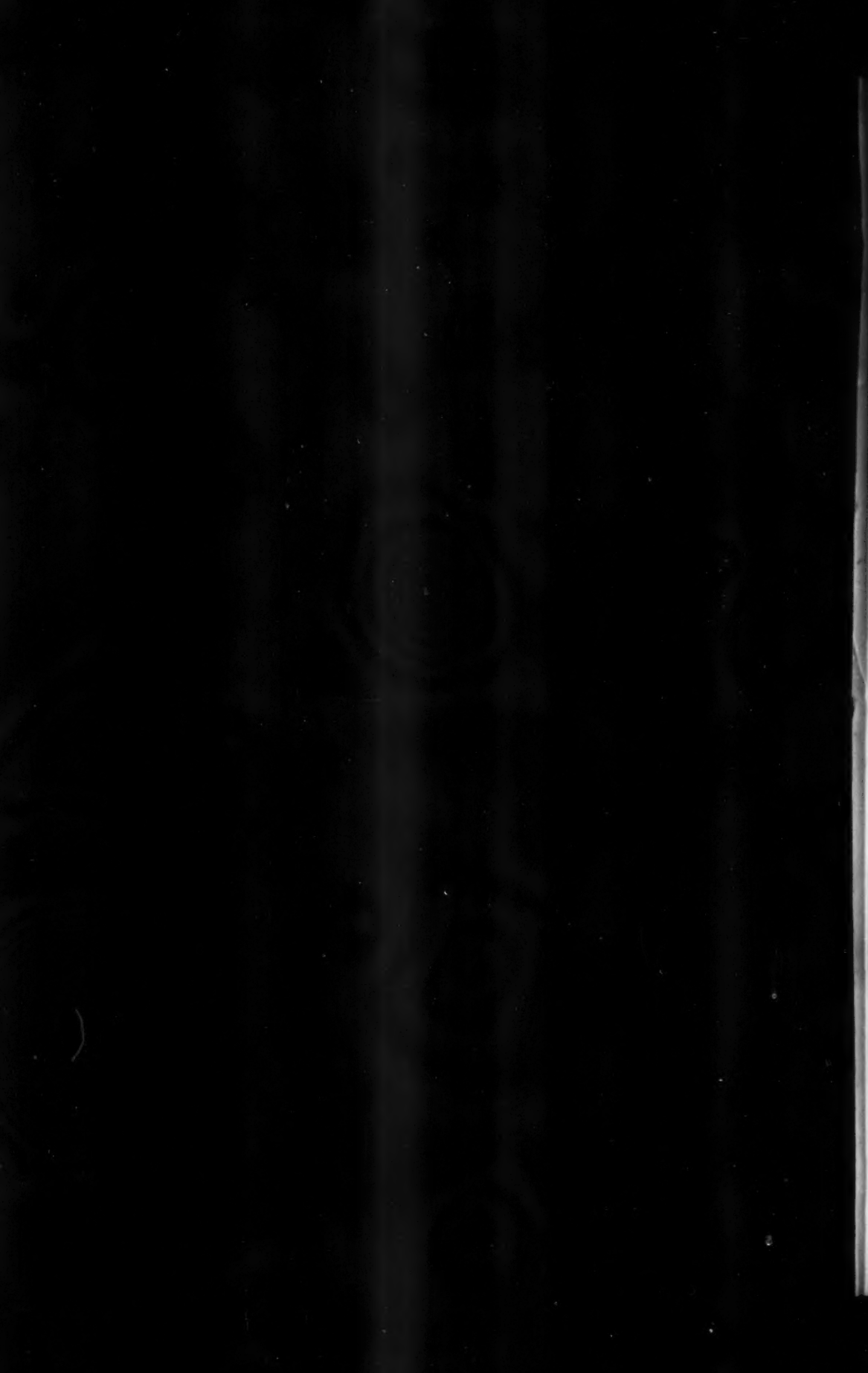


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ARTICLE I.

ON A PARTICULAR FORM OF INSANITY, WITH  
A CASE IN ILLUSTRATION.

[From the "British and Foreign Medico-Chirurgical Review."]

\* \* \* The next case is that of Mr. Vicars, of Liverpool, to which we refer more for the purpose of offering a few remarks on a particular form of insanity, than on account of anything very interesting in the case itself.

A commission having been directed by the Lord Chancellor to inquire into the state of mind of Mr. Edward Vicars, who had been a traveller in the wine and spirit trade, and was stated to be possessed of £6000, the inquiry took place before Mr. Commissioner Barlow, on the 21st and 22d of August last. Three counsel appeared for the supposed lunatic, and as many for his sister, on whose application the commission had been issued. The facts of the case may be very briefly stated.

The alleged lunatic was 46 years of age; and though a widower at the time of the inquiry, had been rendered

unhappy, according to the statements of some of the witnesses, by his wife's intemperance. He was at one time a good man of business, but for some time had been addicted to drinking, and at one time was certainly insane, as will appear from the following extracts:—Mr. M. Vickers, the defendant's brother, stated that, "He first saw something strange in him in 1847. On one occasion he lost his luggage, and told him he knew he should do so. On one occasion his brother told him it was no use eating, as he had no bowels, and all that he eat went into his legs; he also said that he had no brains. He then went to an asylum, from which he escaped in October, 1848. Saw him afterwards at his sister's house. He conversed a great deal on electricity, said that it was the moving power of the earth, that people might be made mad by it, but that *he* could not be played on by it, as he was in the secret. He said that he could prove from the Scriptures, that people could be made mad by electricity, that they could converse by means of it at any distance; and that, by it, he had heard voices from heaven. While his brother was in confinement, he had his case investigated by Dr. Thornby, who reported in writing upon it; the result of which was, that he did not like to advise his sister to release his brother. The witness then proved, that several letters which had been read were in the handwriting of his brother. In these he alluded to the power of electricity to make people mad, and stated that mad-house keepers were a set of thieves and rogues; that they would soon all be put an end to; and that all the gold of California should not prevent him from putting an end to them. . . . . His brother on one occasion, after he had escaped from the asylum, said that he had pledged himself before God and man to do away with lunatic asylums, and that he would conquer or die."



Another witness who knew Mr. Vicars well, stated that, "In 1846, he was called to see him, the servant telling him that his master was going mad. Mrs. Vicars told him, that Mr. Vicars had run down a steep place into the river. When witness saw Mr. Vicars, he was in bed praying, and scratches were on his body. Mr. Atkinson, the surgeon, was sent for; and on his coming said, let him get out of his bed. Mr. Vicars then got out of bed, and attempted to get out of the window, but witness and Mr. Atkinson prevented him. He then got into bed again and began to pray; and he continued in that state for a week. On one occasion he told witness that he had been to hell; that he had had a very pleasant journey; that he touched at a very nice island; that they found that the old hell was full; but there were two new ones, which were very pleasant. On another occasion, when witness called on Mr. Vicars, he said that he was very glad to see him, as he was going to die at six o'clock that evening, and he wanted to tell him what to do about his funeral. He took out his watch, and said that he had only an hour or two to live. Witness said he must go, when Mr. Vicars said that he had better stop till he was dead. Witness went away; and when he returned, he found Mr. Vicars making a good supper. The witness then alluded to other acts of singularity committed by Mr. Vicars, particularly his refusal to take food, in which he persevered for upwards of a week, and thereby reduced himself almost to a skeleton. On one occasion witness went with him to Liverpool. He did not speak for the first twenty miles; but on the occasion of witness getting out of the carriage, Mr. Vicars said that no earthly power should move him from the carriage, and it was with the greatest difficulty that he was got out. He was afterwards taken to a lunatic asylum in the neighbourhood of Liverpool. On one oc-

casian he told witness, that a whole workhouse might be made mad by electricity. On another occasion he said that he would fight for the lunatics as long as he lived, and would spend all the money he had for them."

The evidence quoted above was fully corroborated, and there can be no doubt that Mr. Vicars had been insane, and was very properly placed under restraint.—The question, however, for the jury to consider was, whether he was *then* insane, and of this no evidence was adduced. They had, therefore, no alternative, but to find that the defendant was not proved to be insane. It was contended that he was always sane except when he was excited by spirits, and that therefore it would be unjust to deprive him of freedom of action, both in respect to his person and property. Now to us that admission is sufficient to prove that he was really insane; although, as the case was placed before them, the jury were warranted in giving the verdict which they did. The truth is, that the case was ill got up; and we have heard it rumoured, that some previous steps taken in reference to the patient were irregular. While, therefore, we must acknowledge that the verdict of the jury was justified, we must at the same time state that the friends of the patient, for such we venture to designate him, were fully warranted in placing him under restraint in the first instance; and afterwards, when he escaped, in applying for a commission. To make good our position, it is necessary to consider,—first, the form of the disease under which the patient laboured,—and next, the necessity for restraint on one or more of the grounds adverted to in a former portion of this paper. The form of the disease to which we allude has been denominated *dipsomania*, and has been recognised by Esquirol, Marc, and other competent authorities, which therefore renders it unnecessary

for us to prove its existence. To the term *dipsomania* we object, as it does not correctly describe the disease, which consists not in thirst-mania, but in an irresistible propensity to indulge in intoxicating liquors, or stimulants which produce the same effect. We therefore prefer the term *oinomania*, by which it has already been designated by a writer who has given a short account of the disease.

*Oinomania* then consists in an irresistible impulse to indulge in intoxicating substances, whenever and wherever they can be procured. It is quite different from drunkenness, which however may induce it. Many men at the festive board invariably become excited or intoxicated, who in general are sober, or even abstemious, and whose consumption of wine and other stimulating beverage is, in the course of a year, much less than that of those who are never seen under their influence. Others take their daily allowance, and consume a larger quantity of alcoholic drinks than is consistent either with health or sobriety. Others again become daily drunk after dinner. All these, however, possess self-control, and can at any time when it suits their convenience abstain from stimulants, though placed before them and even urged upon them. On the contrary, those affected with the disease cannot do so; and however convinced they may be of the impropriety of their conduct, or however anxious they may be to resist, they feel themselves to be, and in reality are, impelled by an overpowering propensity to do that which they know to be wrong, and from which they derive no pleasure. The case of a young man of fortune, 26 years of age, related by Macnish, affords a good illustration:

“Every morning before breakfast he drank a bottle of brandy; another he consumed between breakfast and dinner, and a third shortly before going to bed. Independently of this he indulged in wine, and whatever liquor came within

his reach. Even during the hours usually appropriated to sleep, the same system was pursued—brandy being placed at his bed-side for his use in the night-time. To this destructive vice he had been addicted\* from his 16th year, and it had gone on increasing from day to day till it had acquired its then alarming and incredible magnitude. In vain did he try to resist the insidious poison. *With the perfect consciousness that he was destroying himself, and with every desire to struggle against the insatiable cravings of his DISEASED appetite, he found it utterly impossible to offer the slightest opposition to them.*"

The same author mentions another instance of a patient, who in reply to the remonstrances of one who pointed out, in a clear and forcible manner, the distresses of his family, the loss of business and character, and the ruin of health entailed upon him by his conduct, replied, "My good friend, your remarks are just; they are indeed too true, but I can no longer resist temptation. *If a bottle of brandy stood at one hand, and the pit of hell yawned at the other, and I were convinced that I should be pushed in as sure as I took one glass, I could not refrain.* You are very kind; I ought to be grateful for so many kind, good friends, but you may spare yourselves the trouble of trying to reform me; the thing is out of the question."

We repeat, that the disease does not consist in the habit of becoming intoxicated, but in the irresistible impulse which drives the unhappy being to do that which he knows to be pernicious and wrong, and against which he makes many a vain struggle. He derives no pleasure from taste, for he drains the cup, of whatever liquor it may be, at a draught; or from society, for he generally avoids it. His only gratification is momentary, and consists merely in his being freed from the overwhelming misery, mental and bodily, which the non-gratification of his insane impulse inflicts upon him.

This form of disease is hereditary, and frequently occurs in individuals in whom there is a predisposition to

\* That is, under this disease he had laboured.

other varieties of insanity. We have met with several very marked instances. We may mention one. The grandmother was insane. Her two sons manifested a predisposition to the disease, one by engaging in all political excitement and public affairs to the neglect of his business, and the other by suffering from several attacks of suspicious melancholy, and one or two of *oinomania*. It is a remarkable fact, that all the sons of both brothers were liable to oinomania, and all have died but two, while all the daughters have manifested a tendency to high religious excitement, and occasionally showed some indications of *erotomania*.

We have had ample means of observing the phenomena of *Oinomania*, and have found that there are three varieties of the disease; the acute, the recurrent, and the chronic.

The *acute* is the rarest of the three, and the most easily treated. We have seen it occur after hemorrhage in the puerperal state, in nursing prolonged beyond the strength of the patient, on recovery from fevers, after excessive venereal indulgence, in some cases of masturbation, and in some forms of dyspepsia. When it proceeds from any of the first four causes, it is easily cured by restoring the patient's strength, and there is every probability that disease will not recur. When it arises from the two last, it is not so easily removed, and is very apt to assume the chronic form. In the treatment of this variety of *oinomania*, the most modified form of restraint, delicate surveillance, referred to in a former article, is all that is necessary; and it would therefore be quite unjustifiable to remove the patient to an asylum. Change of scene, cheerful society, and some interesting occupation, will be found useful adjuncts to other means of treatment.

The *recurrent* form of Oinomania is much more frequent than the acute, though less frequent than the chronic, and comes on in paroxysms. Patients so affected may abstain for weeks or months from all stimulants, and may even loathe them. By degrees, however, they become uneasy, listless, depressed, and irritable, and feel restless, and incapable of exertion. They are aware of the impending paroxysm, and struggle against it till the impulse becomes irresistible, and then they drink to an extent which to those unacquainted with such cases would appear to be impossible, and which would destroy any ordinary man. During the paroxysm, there appears to be a greater tolerance of stimulus than the constitution exhibits in its normal state. We may give one case which came under our notice. An educated gentleman of good property had spent some time in a tropical climate, and returned in bad health. In a few months he seemed to have recovered, and appeared to be even in robust health. At uncertain times he became dyspeptic, and occasionally bilious, when, after dosing himself with blue pill and black draught, he would betake himself to some watering place for a few weeks, whence he would return in good health and spirits. He married and had a family, and he seemed to be in the enjoyment of as great happiness as usually falls to the lot of man. He lived generously, but not too freely, and he never exceeded in his potations. At last, when he was about forty years of age, he was observed every two or three months to become restless, irritable, and depressed, and when spoken to on the subject attributed it to his being bilious. Instead of going to a watering place, however, he absented himself from home on the pretence of going to fish, and nothing was heard of him for a fortnight; when he returned, he looked jaded and listless. He then abstained altogether from

wine, or even small beer, and became cheerful and vigorous as ever. It was afterwards discovered, that on none of these occasions he had been more than fifteen miles distant from his house, and that he had spent the whole time in drinking by himself in his bedroom, occasionally sleeping for an hour or two. Soon, however, he adopted another plan, and did not leave home during his paroxysms. On some pretext or another he sent his family away, and then made his arrangements. He went to his wine merchant's, and bought porter, ale, whisky, brandy, and sherry. These he paid for at the time, that they might not appear in his accounts; and ordered them to be packed in a box with a lock and key, and to be addressed to his care for some one else. He desired that it should be ready by a certain hour, when he called with a hackney coach and received it. He then drove home, and had the box carried to his room. He next provided himself with salt beef and biscuits, told his servant that he was to be very busy, and could not be interrupted, therefore that he was to tell any one who called that he was not at home. He now shut himself up in his room with his store and a few books, and was not seen for eight days. During these eight days he had consumed—

12	quart	bottles	of	sherry,
6	"	"		whiskey,
6	"	"		brandy,
12	pint	bottles	of	porter,
12	"	"		ale,

giving an average of a bottle and a half of wine, the same quantity of spirit, and three pints of strong beer daily.—At the end of the time, he took a warm bath, had himself shaved and his hair dressed, and drove out in an open carriage into the country. He left not a single trace of his operations in his rooms. He became as abstemious as formerly, went to his club, visited his friends, and no



one for a moment could have suspected that he had spent eight days in the way he had done. The paroxysms, however, became more frequent, and his wife became acquainted with the whole. It unfortunately happened that it was at the commencement of a paroxysm that she made the discovery; and her attempts then to prevent him from obeying his insane impulse produced in him the most furious excitement, and she was compelled to allow him to follow his own course. When he recovered, he told her everything, lamented all that had taken place, but declared to her, as well as to his confidential medical friend, that it was utterly impossible to avoid the evil. Accordingly, he persevered in the same course, and in his paroxysms was occasionally so excited, that it became necessary to adopt some stringent measures, both for his own sake and that of others. He was told that if another attack occurred, it would be absolutely necessary to confine him; that, according to his own statement, he was insane at these times; and that his medical adviser and another were prepared to grant the necessary certificates. He replied that he believed that they were right,—that they might do what they thought best,—but that nothing would be of any use. Accordingly, he was sent to an asylum, where, by judicious treatment, he was cured in about two years. He has now been free from his malady for nearly eight years, and, what is more remarkable, can take a moderate quantity of wine, without feeling a desire for more. Such cases are by no means rare, though they seldom end so favorably as that now described.—The disease is, in most cases, allowed to go on, till the patient falls a victim to the physical effects of intemperance, or becomes maniacal or imbecile, or, as more frequently happens, is affected with the chronic form of the malady.



The recurrent form of oinomania is observed in those who have suffered from injuries of the head, in some women during pregnancy, at the catamenial periods, on the approach of the critical period and afterwards, in individuals whose health has suffered by living in tropical climates, and in men whose brains are over-worked.—When it occurs after injury of the head, the case is hopeless; but as such patients are in general very violent, it is necessary for the safety of the community that they should be secluded. In other cases it admits of cure, but only after long treatment, of which seclusion is a necessary part; and, with the single exception of pregnant women, this should never be attempted at home. It would be very advisable to have an hospital adapted for such cases; as they are pests in an asylum, either public or private, and require particular arrangements for themselves. As such an institution does not exist, there is no alternative but sending them to an asylum; where, however, they ought to be kept completely distinct from other patients, to whom they seldom do any good, and from mixing with whom they could derive no benefit. They require the strictest surveillance, and if kept at home or boarded in a private house, there is no possibility of preventing their obtaining stimulants, unless they be strictly immured in a room, and no one allowed to approach them who has not been diligently searched. This strict confinement would be incompatible with health, and though it might prevent the propensity from being gratified, would not eradicate it. An asylum, therefore, is at present the best place for treating such cases. We have said that the disease requires long continued treatment, and that this treatment, to render it effectual, must take place in an asylum or hospital specially devoted to such cases.—This, then, itself justifies seclusion. But it may be shown

to be necessary on other grounds. Patients affected with this variety of oinomania, are very frequently outrageous during their paroxysms, and not unfrequently suicidal before or after them. On all three grounds on which we have stated seclusion to be justifiable, the confinement of such patients may be defended.

The patient ought always to be confined at the beginning of a paroxysm, and the seclusion ought not to be for less than two years. We have seen shorter periods tried, but without permanent success. It may be said that it is hard to confine them when they are free from a paroxysm, and appear to be perfectly rational. It must, however, be borne in mind, that the disease is not cured,—that there is only a lull,—and that it must be looked on precisely in the same light as recurrent mania, no patient suffering under which would any one be fool-hardy enough to set at liberty during the period of quiescence which occurs between the paroxysms. Patients labouring under recurrent oinomania are very plausible, and, what is a lamentable fact, are often men endowed with good intellectual powers, generous feelings, and many loveable qualities. They will represent to their friends and to the medical man in charge, that they feel and know that they have quite recovered,—that they are perfectly satisfied and grateful for what has been done for them,—that they feel themselves to be quite different men, and are anxious to take their place in the world, and perform their duties. All this will be urged the more anxiously and pertinaciously, the nearer a fresh paroxysm is approaching; and if they be unfortunately set at liberty, ample proof will be afforded in a few days of the impropriety of yielding to their wishes. Should their appeals to their friends and the medical officers prove ineffectual, they will then demand their liberation as a matter of right,—appeal to

their conduct since they came to the asylum,—write long letters to their acquaintances and friends, to magistrates, commissioners, &c., which shall appear in all respects rational and conclusive, and, in all probability, induce some one to interfere to put an end to what he will consider a piece of monstrous injustice. Meantime the officers will be annoyed in various ways, and the commissioners or visiting magistrates will be beset with applications for the patient's liberty. The motives of the friends will be questioned, the opinion of the medical officers will be undervalued, and, in all probability, the patient will effect his object to his own detriment. If not set at liberty, he will attempt to escape, and, if he succeeds, will raise a clamour against all concerned. True it is that ultimately the truth will be discovered in the individual case; but that will not prevent the same course from being followed on another occasion. It is commonly said of a patient, that he is quite well as long as he does not drink; and so of a truth he is, though he does not become insane because he drinks, but drinks because he is insane: the indulging in liquor is a consequence of his insanity. The case is not to be confounded with that of the drunkard; and that is a sufficient answer to those who sneeringly ask, if we would confine every man who gets drunk. It is not the vicious habit, but the uncontrollable insane impulse, with which we have to do at present. There are, no doubt, individuals who become mad whenever they indulge in liquor to excess; but theirs is a different case; and though we may consider them proper subjects for restraint, it is not easy to point out how that may be effected in present circumstances. We repeat again, that cases of recurrent oinomania require long seclusion from the world; and, therefore, when it is established by the history of the patient, that he

labours under the disease, a deaf ear ought to be turned by relatives and authorities to all his remonstrances and prayers for liberation, till by minute observation it shall have been ascertained that his paroxysms cease to return. It may be thought that this is not any easy matter to ascertain, and assuredly it requires an experienced and intelligent man to decide the question. To one accustomed to such cases, it is not so difficult. So long as after certain intervals the patient becomes restless, listless, unwilling to engage in any occupation, anxious to be discharged, irritable, &c., so long he is not free from his malady. The more confident he is of his recovery, the less he is to be trusted. We confidently appeal to our brethren accustomed to such cases, whether their experience does not confirm our statement.

The third variety of Oinomania is the *chronic*, which is by far the most common and the most difficult to cure.—The patient is incessantly under the most overwhelming impulse to swallow stimulants. To gratify his insane propensity, he sacrifices comfort, decency, and reputation, withstands the claims of affection, consigning his family to misery and disgrace, and denies himself the common necessities of life. As occurs in the recurrent form of the disease, he derives no pleasure from his potations; he does not relish society, but, on the contrary, shuns it; he is quite conscious of his state, and bitterly laments it; and all the gratification which he enjoys from yielding to his insane impulse, is the temporary relief from the dreadful misery, bodily and mental, which he endures. Awaking in the morning from stupor or a restless sleep, morose, fretful, disgusted with himself and all around him, incapable of any exertion, physical or intellectual, shuddering at the past, wretched in the present, and despairing as to the future, he feels that life is no longer to

him a boon, and he is strongly tempted to commit suicide. Nor is this always resisted, as many melancholy facts in our own experience amply testify. In this miserable state of mind, weak and tremulous in his body, his insane impulse is strong and overpowering. Stimulants he must have at every hazard; and they are procured at whatever sacrifice. With every fresh dose, he recovers more and more vigour of mind and body, till he feels comparatively comfortable, and will then exert himself in a way which would astonish any one who had seen him a few hours before. Hope springs up in his breast. He will yet be a man; he will overcome his propensity; he will once more assume his proper position in society. The truth is, that the insane impulse is quieted for a time.—In a few hours, however, it returns, and the patient drinks till complete intoxication is produced. Then again succeed the suffering, mental and bodily, the comparative tranquillity and restoration of power, the state of excitement followed by insensibility, and unless absolutely secluded, the patient continues the same course till he becomes maniacal or imbecile, or dies. This is that fearful state described by the late Charles Lamb, in which reason revisits the mind only during the period of incipient intoxication, his ordinary state being that of melancholy imbecility.

The causes of this are injuries of the head, diseases of the heart, hereditary predisposition, and intemperance. To these may be added, the causes of the other varieties of the disease, which, unless properly treated, will end in this.

In this variety we have the same uncontrollable impulse as in the others. So convinced are the patients themselves of this, that many instances are on record of

the unfortunate individuals so affected having voluntarily sought the advantages of an asylum, to protect themselves against their malady. These have been generally cases of the recurrent variety, and of men of stronger minds than usual, though, with all their power, incapable of resisting the malady. Instances, however, are found of those suffering from the chronic form pursuing the same course. In this, as in the recurrent variety, nothing can be done without seclusion; and surely what some patients have themselves felt to be their only refuge against their calamity, it cannot be unjust or harsh to force on others whose minds are more impaired. The chronic form requires long treatment. The whole man must be renewed, before he can with safety be discharged; and this will require a period of at least two years. On the ground of its being necessary for the treatment, seclusion is justified; but on other grounds, it is necessary. The patient is dangerous in most cases to himself and others. He frequently entertains delusions respecting individuals, which are not to be trifled with. He becomes jealous of his wife; fancies that his children are in league against him; and believes that conspiracies are formed among his friends or strangers to injure them. In his low state he is suicidal; in the stage following, there may be comparative tranquillity; and before he is thoroughly intoxicated, he is highly excitable, and often destructive. On the three grounds, then, of treatment, protection to the patient, and safety to the community, such patients ought to be secluded.

To apply all this to the case of Mr. Vicars. We have no means of judging to which variety his malady belonged at first; and this is of less consequence, as even after he had been in an asylum, it assumed another form. That

he was insane, there can be no doubt; and that he at first laboured under one of the varieties of oinomania, there can be as little. That he required protection against himself and his acts, we fully believe, though the evidence of this was not sufficient to satisfy the jury. Men in his state are prone to dissipate their property, and easily become the prey of the designing.

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## ARTICLE II.

AN INQUIRY WHETHER DEAF MUTES ARE MORE SUBJECT TO INSANITY THAN THE BLIND. *By O. W. MORRIS, one of the Instructors at the Deaf and Dumb Institution, at New-York.—(Read before the First Convention of American Instructors of the Deaf and Dumb.)*

The following observations are offered with diffidence on the question, whether deaf-mutes are more subject to insanity than the blind? They have been made in consequence of a remark by a distinguished writer in England, Dr. Millingen, in a work "On the Passions."

The author referred to says, "In a rude state of nature the appetites of the savage are easily gratified; his wants are wholly instinctive; but as civilization progresses, our wants are more artificial, until from habit and fashion they at last assume the influence of absolute necessities.

"Hence it is that insanity is of very rare occurrence amongst rude and uncultivated races; and hence it is,



also, that mental aberration is not a frequent infliction on the blind. The blind has become reconciled to his dark destinies; his senses are not exposed to constant temptations; his expectations are more circumscribed, his desires less ardent. The impetuosity, the restlessness of the deaf and dumb evince a constant wish to participate in all the enjoyments they behold; and insanity, with these unfortunates, is by no means uncommon."

The Great Author of all, has, in his own infinite wisdom, ordained that both good and evil should exist on the earth, and that, too, in close proximity. The prophet and the murderer both inhabit the same city,—the child in its simplicity and the rattlesnake with its deadly poison, both roam in the same field; the lamb and the lion both drink from the same spring; the timid and gentle woman, who is alarmed at the buzzing of a wasp, or unwilling to set her foot upon a worm, and the fierce and cruel warrior, whose nerves are like steel, and who delights in the roar of cannon, or the shrill battle-cry, and can gaze upon slaughtered thousands without a sigh of regret, have both been fondled by the same kind mother.

So in the moral world, good and evil, virtue and vice, praise and blame, honor and shame, health and sickness, are seen in the same person at different, (and in some cases) at the same, stages of life. At one period, we see good predominating, every kind feeling gushing forth spontaneously from the heart; at another, many of the most hateful passions rioting unrestrained in the same breast. One day, the love of approbation, or the noblest principles of honor govern the mind, and lead on to beneficent actions; on the next, shame and disgrace cloud all the bright prospects that beamed upon the vision, and shut up all the springs of kindness that are struggling to break forth. At one time, the mind, buoyant with hope



and sustained by the sympathy of friends, seems impervious to the assaults of the evil one; the horizon is bright and clear, and no dark cloud casts its shadow o'er the landscape; let a few days pass, and all is dark and lowering, hope has fled, friends have proved false, the sky is overcast, and the mind is fast yielding to despair.

Man seeks happiness during his whole existence, and if he but rightly improved his opportunities, the evils of life would aid him in the accomplishment of his object. One way for him to act, is to avoid all known evils as much as possible, and reflect upon the misery which others suffer, or which he himself might suffer if he were subject to the same evils; and by this comparison he will, at the same time, be encouraged to pursue a course of virtue, and thus secure a portion of happiness. This desire for happiness is the spring of all exertions, the spur to all activity, and when rightly directed and controlled, commonly secures the desired end, but when unrestrained or misdirected, produces sad results.

In discussing this subject, at least as far as necessary for our present purpose, we will consider:

- I. The nature of insanity ;
- II. How it is produced ;
- III. Former opinions respecting the insane ;
- IV. The methods of cure ;
  - 1st. By the ancients ;
  - 2d. By the moderns.

#### I. THE NATURE OF INSANITY.

Among the many evils to which human nature is subject, there is none more appalling than *insanity*; and, notwithstanding this, if aid is seasonably sought to arrest its

progress and remove its influence before it becomes established by habit, and before any organic changes have taken place, it is found to be among the most curable.—“It is a physical disease,” says Dr. Woodward; “the mind, in the most deplorable case, is not obliterated, its integrity is only disturbed; it remains the same, its faculties ready, as soon as the deranged physical structure shall have regained health and soundness, to resume operations and exhibit the manifestations which legitimately belong to them. If the senses are deluded, false impressions are conveyed to the mind; but the senses are physical organs, and the mind is no more at fault if they lead it astray, than it is in believing the false representations of another individual. So of any other function of the brain; false perceptions, morbid activity or depression of the animal propensities, or of the higher sentiments, depend upon physical influences wholly beyond the power of the individual to control. As soon, however, as the physical imperfection is removed, and a healthy condition of the brain restored, reason again resumes its empire, and the integrity of the mind becomes apparent. It is only when the organic structure of the brain and its appendages have undergone such physical changes as to be apparent and enduring, that insanity is utterly hopeless.”

If a predisposition existed in the brain and nerves sufficiently active to produce insanity without the intervention of exciting causes, on the senses, then insanity would be constantly present and ever active. It would not matter then, whether a person was deaf and dumb, or able to speak and hear; whether all things were visible to the eye, or whether they were shut out by a deprivation of sight.

Insanity frequently arises from too constant application to one thing—by suffering the mind to dwell intensely

and for too long a time upon one subject. All the faculties of the mind should be exercised in their due proportion, and not one exclusively. If one subject is permitted to engross the thoughts and feelings to the exclusion of all others, the other faculties and feelings of the mind become weakened—its healthy balance is destroyed, and mental derangement ensues. The dominion of reason should extend over the feelings and impulses, the good as well as the bad, neither of them should be allowed undisputed sway; for instances have occurred where insanity has been produced by intense excitement of some of the best impulses of our nature. "It is a calamity," says Sir James Macintosh, "incident to tender sensibility, to grand enthusiasm, to sublime genius, and to intense exertion of the intellect."

What class of society is more liable to insanity, from the circumstances in which they are placed, than the blind, who hear the glowing descriptions of the enthusiastic historian or traveler, artist or lover of science, but are debarred from an active participation in most of them by their deprivation of sight? While, on the other hand, the deaf-mute sees and judges from the actions and appearances of those about him, and then adapts himself to circumstances.

## II. HOW PRODUCED.

"Insanity," says Millingen, "may be produced by a great variety of causes operating upon the mind, among which, a constant dread or apprehension of the very thing is apt to induce it—such as anxiety or fear, which, if continued, deranges the circulation until the heart becomes irregular in its action, and, at last, its organization is affected. Insanity may be produced by known influences that might have been avoided, or it may arise from a con-

stitutional tendency independent of the knowledge or conduct of the individual. In this, and many other respects, it is like many other diseases, depending upon a disturbance and derangement of an important part of the bodily frame, the functions of which, being disturbed, diseased actions take the place of healthy ones. A certain condition of the brain, unnatural and diseased, the effect of physical, moral, or mental causes, produces insanity; the natural and healthy actions of this organ are disturbed or suspended, and diseased actions take the place of healthy ones.

Thoughts, feelings, sensations, desires, aversions, passions and propensities are produced through the medium of the brain, and are healthy and natural, or unhealthy and diseased according to the condition of this organ of the mind. Whenever healthy actions, &c., are restored to the brain, insanity disappears, and the mind is rational."

Dr. Rush, in his work on the Mind, says "Intense study, whether of the sciences, or of the mechanical arts, and whether of real or imaginary objects of knowledge, produce insanity, the latter more frequently than the former."

The understanding is sometimes affected with insanity through the medium of the memory. Dr. Zimmerman relates the case of a Swiss clergyman in whom derangement was induced by undue labor in committing his sermons to memory.

Certain occupations predispose to insanity more than others. Pinel remarks that poets, painters, musicians and sculptors are most subject to it.

These studies exercise the imagination far more than the reasoning faculties, and when unremittingly pursued destroy that balance of the mind necessary to a vigorous exercise of all its powers. And is it not an established

fact that the blind are generally, and many of them, passionately fond of music? Many of them, also, turn their attention to poetry. These two branches of study are as often productive of insanity as any other, and we should naturally infer that the persons who indulged in studies of this class, and who are mostly disqualified for much active physical exertion, would suffer the natural consequences sooner than those who can divert their minds by outward objects, while the physical powers of the body are brought into active exercise.

"The mind," says Cowper, "is,  
A harp, whose chords elude the sight  
Each yielding harmony, disposed aright.  
The screws reversed! (A task, which if he please,  
God in a moment executes with ease,)  
Ten thousand times ten thousand strings go loose;  
Lost, till *He* tune them, all their power and use."

Dr. Forster says that insanity depends very much upon the physical disarrangement of the system, as of the stomach, bowels, &c., and proves it by the practice adopted in its cure.

Among the physical causes of insanity may be named, excessive labor, sudden change from that to quiet without sufficient precaution as to the temperature, &c., inhaling carbonic acid gas, exposure to the fumes of charcoal, the excessive use of tobacco, in any form, opium eating, use of intoxicating drinks, exposure to the sun, &c., and indirectly many others, but the late Dr. Brigham gave it as his opinion that "the most frequent and immediate cause of insanity, and one of the most important to guard against, is the want of sleep."

Said the excellent Dr. Holyoke, after he was above one hundred years of age, "I have always taken care to have a free proportion of sleep, which I suppose has contributed to my longevity," and can there be any doubt that the same care in respect to sleep, would protect the mind against insanity?

Dr. Brigham says, "that ill health should not always be considered a physical cause of insanity, as dyspepsia, palsy, epilepsy, apoplexy, and other complaints that often precede insanity are caused by mental anxiety, and are mere symptoms of disease in the brain in those who become insane."

Another important cause of insanity, and one that has not been duly considered by those most interested, is the proper education of the young, both physically and mentally. If the bodily powers are suffered to lie dormant by neglect, or by an improper attention or devotion of the mind in the acquisition of knowledge while very young, the consequence is prostration of the intellect, and a loss of all the enjoyments anticipated by the fond parents or teacher. So if the mental powers are suffered to take a wrong direction, or as in some instances, are misdirected by the mistaken notions of those having the control of the young, they must suffer the loss of their dearest hopes and be compelled often to witness the hopeless wandering of the intellect of those, who by proper training, might have shone as stars in the galaxy of eminent personages.

Care should be more frequently exercised in the selection of nurses also, for in the first years of the child are his lessons in morals and self government obtained. How frequently it is the case, that in the employment of nurses, their moral qualifications are entirely overlooked, and almost the only questions asked, are, whether she knows how to work, or if she is willing to draw a wagon, or be confined to the nursery for a certain number of hours each day. The idea that it is necessary to know whether she be good tempered, apt to interest children, accustomed to speak the truth, or given to rambling or to scandal, or relating ghost stories, never enters the thoughts of the employers, while the future happiness and welfare of

their children depends materially upon these qualifications. If, then, the nurse be not properly qualified, the child will be as apt, if not more apt, to copy her moral obliquities, than the good precepts and examples of the parents or guardians.

### III. FORMER OPINIONS.

The ancient doctrine of insanity was, that as reason is the best gift of God, so its perversion or withdrawal must be caused by the abandonment of his creatures to malignant demons, or by a direct act of his power. After all that has been done for the removal of insanity, we have frequent evidence that such opinions are held by some at the present day, and these opinions are attended by such sacred associations, that it is very difficult to eradicate or remove them. So recently as 1815, Mr. Bakewell mentions the instance of a parent, who insisted that no means of recovery should be used for her son, who was in a state of phrenzy, "for it was an evil spirit that troubled him, and until the Lord was pleased to take it off, she was quite sure that nothing that any man could do would be useful to him." The same writer adds, "that the opinion that lunatics are demoniacs, prevails very much in Great Britain, as well as in most if not all the countries on the continent of Europe."

Dr. Woodward, in one of his reports says, "The belief that the lunacy of modern times is caused by demoniacal possession, is not so common in the present day, as is the opinion that the lamp of reason can only be withdrawn or extinguished by an extraordinary act of divine power. It is forgotten that it is given to man to keep this lamp trimmed and burning, and he is condemned who provides no oil for his lamp. When the insane were considered to be objects of divine displeasure, they could not



hope to receive the sympathy or kind offices of men.— Another notion is, a mysterious Providence which abandons the sufferer to every hateful passion, fills him with pleasures and pains, which cannot be increased or diminished by any treatment of man, and renders him dead to all sense of right and motives of virtue. In such cases, no provision for comfort or kindness, and no care to restrain the cruelty which impatience or wanton tyranny may prompt, is made.

“In former times the poor lunatic was regarded as the smitten object of divine vengeance, and any remedial agents that might be employed were wholly discarded,” or, as said by a writer, “the healing art proclaimed itself unable to *minister to the mind diseased*.” Nothing less than a miracle could restore them; so we learn from the Scriptures. Jails and dungeons were the places in which they were kept, and the sufferings to which they were subject were well calculated to deepen into incurable gloom the mildest form that it might assume. “Chains, rags, filth, the strait-jacket, exposure to cold or heat, and not unfrequently the ready infliction of stripes upon slight provocation, were the most promising features of their treatment.” It is stated that in a monastery in the south of France, humanely consecrated by its inmates and founders, (and they, too, professedly followers of Christ himself,) to the care of the insane, in pursuance of a fixed regulation, “*every lunatic received ten lashes a day*,” and in one large English asylum, the superintendent sometimes absented himself *two months*; and in another, with five hundred patients, it was an established regulation that *all*, without any exception, should be bled in June, and take, each, four emetics per annum.

In 1792, St. Vincent de Paul, in Paris, made the first successful effort for their relief in procuring their release



from chains and furnishing them with better treatment, food, &c.

#### IV. CURE.

"In early times the cure of lunacy was sought only by a direct appeal to supernatural power, by which it was supposed to be caused or permitted; and the practice of conjuration has prevailed among heathen nations, as well as among those who style themselves civilized, and even in the Christian church. We have a pleasant instance of the combination of superstition with true wisdom in the mode of curing the insane in the temples of Saturn, in ancient Egypt." And this instance corroborates the generally received opinions of the employments and occupations of active life upon mental vigor, and the consequent infrequency of insanity among the deaf and dumb, *when educated*, (except in cases of hereditary transmission,) for as they gain all their knowledge through the medium of the eye, that light-house of the soul, and through it they perceive all the beauties and wonders of creation, while through the same channel they are fitted to gain their livelihood; their minds are more fully and pleasantly employed than many of their less favored fellow beings. But let us hear what the Egyptians did by way of cure. "A formula of worship was proposed as a charm, and not as a moral medicine, and under this guise, the crowds which frequented these shrines were engaged in a succession of healthful and amusing exercises; they were required to march in the beautiful gardens, and to row on the majestic Nile; delightful excursions were planned for them under the plea of pilgrimages. In short, a series of powerful and pleasing impressions was communicated at a time when the feelings were impaired with a most extravagant hope, and with

perfect reliance upon the power, whose pity every act was intended to propitiate. The priests triumphed, and the disease was subdued."

Well has Solomon said, "there is nothing new under the sun," as illustrated by this method of treatment of the insane, corresponding so nearly to that pursued by the most enlightened philanthropists of modern times.— So may the conclusion be drawn from this, that the active employment, both physically and mentally, of the deaf and dumb, would prevent the so frequent occurrence of insanity as among those who were debarred from the same routine of labor, study and amusement, or who, by physical disability, either by accidental maiming or by blindness, could not pursue the same course in life. In the one case, an infinite variety and succession of objects, and their appropriate actions are presented to the eye, and thence conveyed to the mind, inducing to action as well as thought; while in the blind especially, a long, long night of darkness and dullness must unfit the mind for cheerful thought and active exertion.

But the practice of the Egyptians in combining superstition, that powerful motive to action, with true wisdom, has its counterpart in modern times, thus affording additional evidence (if indeed any such is needed,) of the influence of active and pleasing studies or employment in curing insanity; and if such measures are beneficial in restoring reason, the inference is, that they will be beneficial in preventing the loss of it.

"The village of Gheel, near Antwerp, has long been celebrated as a retreat for lunatics, who are boarded with the peasants, and employed in their gardens and fields, and they are permitted, when unengaged, to roam about at perfect liberty. In this freedom no accident has occurred, and escape is never attempted. The benefits of

pure air, occupation and agreeable mode of life are considered of little avail in removing the malady, unless the patients regularly, once a day, pass under the tomb of St. Dymph, whose sanctity, relics and good offices are considered the cause of the restoration."

Some of the most carefully conducted asylums in Europe, at this day, depend wholly on comfort, indulgence and occupation, together with moral motives for the removal of insanity, and only use medical treatment for the cure of any accidental diseases, which may affect their patients.

Agreeable occupation has its effect, first by diverting mental energy from those faculties which are diseased, to those which are strong and healthy, and thus give rest to the weak and weary; secondly, by giving improved health to the body, and the influence of that improved health to the mind, enabling it successfully to struggle with the tyrant that is holding fast his chains about them.

Moral motives are also as powerful in mental maladies as they are in bodily diseases. All know that active habits, proper diet and medical treatment have great power to control, and even to cure hereditary insanity. The experience of those who have had the charge of insane hospitals, has been that similar remedies have an equal effect in mental as in moral diseases, if applied before the derangement has become a fixed and permanent state of the mind. "The woman who had been bowed down by a spirit of infirmity for eighteen years" required a miracle for her restoration; and it is not a less wonderful work to raise the mind, which from youth to the age of manhood has been prostrate in the dust, and "is in no wise able to lift up itself."

We may look through the different races of mankind, we may search among the savage, the barbarous and the

civilized, and we shall not find a good without some corresponding evil ; and all the best and most valuable institutions of society may be, and often are perverted, in individual cases, so as to produce mischievous effects.— All this, however, might not be considered as the legitimate tendency of any one good, to produce this effect.

Many cases of insanity are hereditary, and of these it would not be surprising if there were many of the deaf-mutes, as most of them occur in families where consanguineous marriages have taken place. These are considered the most hopeless cases, but there have been instances of cure even among these, after they have been persuaded to commence active exercise, either by laboring in the open fields or in the shop.

Among the means of cure made use of by those who have given their best attention to the cure of insanity, the active duties of benevolence, by doing good in various ways, cultivating the nobler faculties of the mind, and higher moral sentiments, tend greatly to relieve those who are subject to this disease, and to secure their restoration. Induce them to aim at higher enjoyments and more lasting good than this world can afford, to elevate the character, to look more to duty and less to feeling, as a source of enjoyment, and wait with patience the reward promised to a life of virtue. God is good, and the contemplation of his character, attributes, word and works is peculiarly fitted to afford comfort and hope when the mind has been subjected to severe trials, or borne down with grief and anguish.

Another means is to invigorate the physical constitution, to re-establish firm and healthy bodies, brains, lungs, stomachs and moving powers. The precocious and feeble must be taken from their books and put to active exercises. Firmness and cheerfulness under trial and suf-

fering, should be duly cultivated, that the evils which cross our path may be borne without repining. In the seventh report of the Massachusetts Insane Asylum, Dr. Woodward says: "The benefit of labor to our patients is more and more apparent every year." De St. Pierre says in his work, "bodily exercise is the aliment of health." And again, "bodily labor soothes to rest the vicissitudes of the mind, fixes its natural restlessness, and promotes among the people health, religion and happiness."

Reading is one of the most interesting and beneficial employments of the patients in the Insane Hospitals, when not able to labor from unpleasant weather, or from other causes. Sacred music is also one of the best exercises among the inmates. "Religious exercises, in all the variety they afford, make the Sabbath one of the most interesting days of the week." The consolations of religion afford the best security against, and the most effectual preventive of insanity. In a thousand cases, religion interposes its soothing influences and confident hopes, to secure the mind from distraction amid the evils of life, and thus, doubtless, prevents, more frequently than it causes insanity. Without it, where would the agitated mind seek rest, or the perturbed feelings find repose?

There is, undoubtedly, an intimate connection between education and insanity, especially between early training and that condition of the brain which is manifested in precocious mental development. One of the great defects, both of nursery and school education, is the neglect of proper training of the bodily powers during childhood and youth. Nature provides an excess of the principle of life, that all young animals may not only grow, but be active and frolicsome, so that the locomotive system may be strong, healthy and well developed. A system of in-

struction which unites the development of the physical powers as a foundation on which to erect the splendid mental temple, is the one that should be urged upon the consideration of parents and instructors, and one which, if pursued faithfully, would shield the child from the attacks of insanity. An opposite system of management leaves the child effeminate and slender, unable to cope with his more robust school fellows, or to master the difficult problems of science. But this is not the worst of the evil. If the child is deprived of exercise, and kept at his studies too early or too long, the excess of the vital principle which is produced for the purpose of giving activity and energy to the digestive and locomotive system, is expended upon the brain and nervous system, and they become too susceptible and diseased.

Dr. Buttolph, who was formerly assistant physician at the Insane Asylum at Utica, remarks as follows on this subject:—"One of the chief sources of restlessness and irregularity in the conduct of the insane is the want of mental and bodily occupation. Their employments should be varied according to their previous habits and occupations, and the form and stage of the disease under which they are suffering—but, with *all*, *regular exercise* is necessary. Amusements are also important means, and should be systematically resorted to—though not to be compared, in their good effects, to regular and useful labor, for those accustomed to it.

"The regularity observed in the various domestic arrangements of an Asylum, such as rising, retiring and meals—also the attention paid to habits of order, neatness and general propriety of conduct, are highly salutary in the recovery of some, and in preserving a yet greater number from declining into a state of slothfulness and neglect."

Dr. Brigham, in the annual report of the same institution, in 1845, says, "We consider the religious exercises of our chapel on the Sabbath, necessary to the good order and welfare of the establishment, an essential part of the moral treatment of the insane." He adds, "Among the amusements afforded to our patients, we think that labor is the best, and it is the most generally preferred. We have many amusements, but with the exception of nine-pins, they do not afford so much enjoyment as some kinds of labor. We have also musical instruments and a library."

The foregoing remarks and extracts may not seem peculiarly appropriate to the subject under consideration, but in the absence of definite statistical information, are brought forward to show that the practice in the cure of insanity is in confirmation of the theory, that active and industrious habits, especially in the open air, combined with regularity in food, sleep, &c., are curatives, and if good as curatives, certainly may be as preventives; and it is a well established fact that persons who are actively employed, both physically and mentally, are seldom inmates of insane asylums, except some extraneous circumstances occur, as accidents, a stroke of the sun, &c.

The deaf-mute is generally actively engaged in all the variety of active employments and amusements incident to human life, many of them in the open air, thus keeping up an equilibrium between the physical and mental powers of the body; while the blind, from the nature of his deprivation, is debarred from a participation in many of those employments, &c., and is obliged to resort more to mental exercises, thereby giving an unequal preponderance to those of the mind. The difference, then, in the necessary employments of the two classes is such as to



warrant the conclusion, (in the absence of definite information,) that the tendency to insanity among the deaf-mutes, is not as great in proportion to their number, as it is among the blind.

Remarks from Dr. PEET, Mr. J. H. PETTINGILL, Profs. MORRIS, BARTLETT, CARY, TURNER, WOODRUFF, and I. L. PEET, and others followed the reading of this paper.

Dr. PEET was inclined to believe that further inquiry would demonstrate that there are a greater number of the deaf and dumb insane than has been generally supposed. He personally knew of a number of individuals who had been visited by this affliction, and the subject had attracted his serious attention. As many as ten persons educated at the New-York Institution, are known to have become insane. He knew that a similar misfortune had befallen a number of others educated at the American Asylum at Hartford; and also among those from the Philadelphia Institution. He proceeded to explain briefly the leading causes of these afflictive events—that in some cases, there is a constitutional predisposition to insanity, and of course nothing peculiar, inasmuch as this disease, under such circumstances, follows the law of hereditary transmission; but in other cases, where this liability does not exist, pupils are removed from the Institution before they have obtained such a knowledge of language as to enable them to read books understandingly, and hence are little profited by instruction; and, failing to find employment, they wander about and become unsettled in their habits and feelings. A degree of eccentricity supervenes, and the mind is eventually led to this disease.

Mr. PETTINGILL attributed the evil in a great measure, to the fact of the frequent intermarriage of relatives. If this were so, it would be well worthy a more thorough investigation.



Prof. CARY expressed the hope that the impression would not go abroad that educated deaf-mutes were more liable to attacks of insanity than the uneducated, for he did not think there were sufficient data ascertained to justify such a conclusion. The instructors of the deaf and dumb were acquainted mostly with the educated class, and would readily learn of cases of insanity occurring among them, while an equal or greater number of cases might occur among the uneducated without their knowledge. He did not believe that education was prejudicial to the sound mental condition of the deaf and dumb.

Prof. BARTLETT urged the importance of the intimation thrown out by Mr. PETTINGILL; and considered it as an interesting problem to ascertain the ratio of different classes.

Prof. TURNER urged the importance of obtaining facts in relation to this whole matter; and mentioned a number of cases of insanity which had come under his own notice.

On motion of Prof. TURNER, it was then,

*Resolved*, That the subject of insanity among the deaf and dumb be referred to Prof. MORRIS for further investigation.

## ARTICLE III.

ON THE IMPORTANCE OF CERTAIN PREMOTORIAL SYMPTOMS OF SEVERE CEREBRAL DISEASE. *By* DR. DEVAY, *of Lyons.*

The following is a slightly abridged translation of an instructive memoir published by Dr. Devay, of Lyons, in the *Gazette Medicale de Paris* for January 4th and 11th, 1851.

Those severe cerebral affections which rapidly terminate existence, and still more those which, before the fatal issue, gradually destroy the intellect, sensation, and motion, have been the object of much research. Notwithstanding numerous physiological experiments, vivisections, autopsies, minute examinations of the different degrees of consistence and color of cerebral substance, etc., the knowledge of the physician has been but little enriched. The cranial vault offers an inflexible resistance to exploration; and this should impress on us the necessity of depending less on anatomy in the study of cerebral diseases. Instead of studying the brain when it is dead or dying, we should fix our attention on the unusual manifestations, and carefully collect the various aberrations, either of sensibility or of motion. If we cannot examine the brain by palpation like other viscera, if we cannot auscultate it like the heart or lungs, and thus seize on, by means of one or more of our senses, its successive degradations, we can, at least, detect its com-

mencing affections, by observing the derangements of the functions over which it presides—the intellect, sensation, and motion.

Researches of this kind embrace the premonitory symptoms of diseases varying in their anatomical relations; they take a view of all those affections which arise from an alteration in the brain, properly so called, from apoplexy to mental alienation. But even when, in a given case of cerebral disease, the elements are most favorable, a diagnosis can only be formed with reserve. Thus, when we expect to find softening, we may meet with induration of the cerebral substance; we may expect to find tubercles, and discover hydatids, or osseous tumours. The phenomena presented by patients have not then always that conformity, which would permit particular symptoms to be accurately referred to certain determinate forms of pathological affections. This clinical difficulty in the appreciation of the symptoms of confirmed disease, exists in an equal degree with regard to the interpretation of the premonitory symptoms. They may point to a functional derangement of the encephalon, without any anatomical lesion; and, when the latter is present, it may vary in its form. The infinite variety of forms, presented by the symptoms of a cerebral disease, can no more be explained by the various conditions in which the organ is found, which has been their seat, than the different modes in which the same function is performed in different individuals, can be accounted for by anatomical differences in the part which is its instrument. Nevertheless, the study of premonitory symptoms may be useful, even for the anatomical diagnosis of the affection.

After having devoted a considerable number of years to the attentive observation of the severe affections of the

brain, we have become convinced, that there *most frequently* exists, especially in those who have a chronic course, a precursory stage, the signs in which are the diminutives of those symptoms which will, at a later period, constitute the more advanced degree of the disease. Thus, slight want of power in the lower limbs, and defect of precision in certain movements, represent paraplegia, or complete paralysis; and a slight alteration of the intellect bears the same relation to the delirium following it. In certain cases, without doubt, a sudden effusion of blood, breaking down the cerebral structure, may suddenly cut off an individual who a few moments before seemed in perfect health; in this case we admit that there has been no intermediate stage—that the index to the explosion has not existed. But this is by no means the case in a very great number of other forms of apoplexy, in which, as may be easily proved by examples, the precursory symptoms, denoting cerebral lesion, may continue for a long time. These forms of cerebral hæmorrhage enter then into the category of those severe affections of the brain—softening, induration, mental alienation, etc.—where a hidden molecular change has been going on before they have declared themselves. Andral, in speaking of certain premonitory symptoms of cerebral hæmorrhage, says: “Their existence incontestably proves that, before the blood is effused, there is already a morbid action going on in the brain, the nature of which it would be important to determine.”

**I. PREMONITORY SIGNS, FURNISHED BY THE INTELLECTUAL AND MORAL FACULTIES.** Almost all authors of repute have mentioned, without always attaching much importance to them, the disturbances of intellect which precede attacks of severe cerebral disease. M. Gendrin

says : "Apoplectic attacks are often preceded by a difficulty in undertaking intellectual work, by an incapacity for unusual attention, by an extraordinary irascibility, by a morose weakness which exaggerates impressions, and produces terrors without a cause, or by unreasonable anxiety concerning ourselves, or those related to us."\*—Insanity also has its period of incubation, its premonitory symptoms; and frequently it is found that the first act of insanity, which caused alarm, has been preceded by several symptoms which had escaped observation, and sometimes the first phenomenon of the disease has been taken for its cause. The insane often combat their false ideas, before the disorder of their reason, and the internal contest which precedes the explosion of their madness, are perceived.† The most general precursor of every severe affection of the brain is a state of *cerebral lassitude*, presenting much analogy to that state of intellectual torpor which follows severe or pestilential fevers. There is observed in the habitual gesture of the patients, in their attitudes and movements, a total absence of what may be called the consciousness of action. The brain seems to have lost its *balancing* power over the *ensemble* of the functions of the life of relation. These patients are often in a constant state of slight habitual vertigo, which they call *weakness of the head*, and which is frequently accompanied by debility in the limbs.

The *memory* is frequently impaired in the precursory period of cerebral affections. Thus, patients have forgotten the names of their friends, or of the most common things. In conversation, they have difficulty in finding the proper word to express their meaning, and are obliged to make use of circumlocutions. More rarely, the mem-

\* GENDRIN. *Traite philosophique de Medecine pratique*, tome i, p. 437.

† ESQUIROL. *Des Maladies Mentales*, tome 1, pp. 77 et suivant.

ory becomes more powerful; it seems to take a new flight, and reproduces, to the great astonishment of the patient and his attendant, events which had seemed to be entirely forgotten. The curious and inexplicable fact of *remembrance* corresponds to the exaltation of the special sensibility of certain senses. It is sometimes observed after a slight attack of apoplexy. Professor Brachet has communicated the case of a man, aged 50, who was attacked with apoplexy: he preserved his speech, but could only express himself correctly in the *patois* of his country, which he had entirely forgotten while in health.

Next to the impairment of the memory, and also of the attention, which is fixed with difficulty, or not at all, on objects presented to the notice of the individual, the most striking change is in *volition*, which is diminished. The man who has hitherto been most firm, who has shewn most tenacity in his views, who has pursued the plan of his life with great determination, becomes, in a measure, like the toy of a child; those who are about him, even his inferiors, can command them. Human depravity has often taken advantage of this moral decadence for culpable ends; and the man who has hitherto most rigorously and carefully managed his affairs, is all at once spoiled of his goods, either by extorted donations, or by burdensome expenses. The public see in these cases *bizarceries* of character; the physiologist and the physician see in them the first expression of a pathological condition.—This weakening of the will, which, according to our observations, is chiefly connected with those cerebral lesions which lead to lunacy, or to paralysis of the insane, necessitates an alteration of the judgment. . . . The will is the result of the other faculties; and it is not because it is wanting in the idiot or lunatic, that they are irrespon-

sible ; but rather because they are ignorant of the rules which should direct it.

There is but a slight transition from this to *perversion of the moral faculties*--one of the most mysterious points in psychology. It would seem as if the balancing power of the brain, which regulates the locomotive movements, were also defective as regarded the moral part of the man, so that he fell under the empire of instinct. Hence arises degradation of ideas, and lascivious conversation, in persons who have hitherto appeared full of decency and modesty. And this vitiation of the moral faculty may break through the sphere of theory, and become realised in action. This fact is important in a medico-legal point of view. . . .

The already important and difficult question of moral responsibility will become more delicate, under the supposition of a commencing affection of the organ of thought. When a person of hitherto irreproachable character commits a reprehensible action, the physician is disposed to plead extenuating circumstances, not because the case demands it, but for the sake of human nature, knowing all the aberrations of which it is susceptible. Experience also should be invoked, as well as reason, in deciding on so delicate a case.

I am now attending a woman, aged 42, who for a year and a half has gradually fallen into a state denoting general softening of the brain: almost entire blindness, inability to walk, semi-stupid intellect, etc., etc. Two years ago, she only felt severe and almost constant pain in the head; her general health was in other respects perfectly good, her intellect clear. Three years ago, this woman, though possessed of a competency, *committed a petty theft in a fair*. Dr. Brierre de Bosmont, in his observations on General Paralysis of the Insane, states that this disease is preceded by a premonitory period, for about six or



seven years, or more, before the apparent explosion of the insanity. There are *perversions of the moral and affective faculties*, without less ability on the part of the individuals presenting these changes to fulfil the duties of social life, or to perform their functions. The acts of indecency, of dishonesty, of debauchery, like which there had been nothing before, are suppressed and compensated for; then at last the patient is seized with symptoms of general paralysis.

"A person high in office," says Dr. Brierre de Boismont, "had performed the duties of his station up to the time when I was consulted; and yet the details, which were furnished to me by his wife, left no doubt that his moral and affective faculties had been for some time impaired. From having been generous and honest, he had, for more than six years, exhibited a degree of sordid avarice and unbridled licentiousness. With the progress of the disease, his avarice was manifested in mean actions; he refused to pay his debts, maintaining that he had already done so; and even purloined objects from the houses of his acquaintances. Until the last-named acts were committed, no one had suspected that his mind was disordered. . . . Some time after, I was called in consultation to see a retired public officer, whose thefts had made much noise some years previously. The particulars with which I was furnished regarding this interesting subject, made me then think that this person was labouring under the premonitory symptoms of general paralysis; I was almost sure that I should see a paralytic lunatic. The first words which he uttered in my presence showed me that the affection was far advanced. His delinquencies had been noticed eight years before; and it was only a few months ago that mental alienation was recognized."\*

\* Gazette Medicale de Paris, 1847, p. 393.

Dr. Passot has recently observed a case, in which delirium tremens appears to have been the proximate cause of the moral disturbance which supervened at a later period. Although differing in some circumstances, and although the proof *a posteriori*, that is, by the termination, has not yet been furnished, this case appears to have some resemblance to those related above. A cooper, aged 34, previously of irreproachable character, and enjoying a high reputation for honesty, was seized with delirium tremens, from which he recovered. But from this moment his conduct was deranged; he borrowed money from all quarters, and denied having ever received it. At last, after having cheated many, he fled to avoid prosecution. His intellect appeared sound; but Dr. Passot remarked, that he gave proofs of a considerable impairment of judgment, by asking persons for money from whom he had already borrowed.

These and similar examples show what difficulties are presented in this new point of view of the doctrine of moral responsibility, and how much the question requires to be elucidated by an attentive study of the precursory symptoms of encephalic affections. It may be—and there is no physiological improbability in the supposition—that an immoral or obscene action is as abrupt and unexpected an occurrence as an aberration of the senses; one of those irregular paralytic affections which almost infallibly denote an approaching disorganisation of the nervous centres. If there is a concomitance between the two occurrences, the aggregate of the pathological symptoms may be considered as furnishing evidence in favour of the non-culpability of the subject. But unfortunately the proof is often furnished only when the disease is con-

firmed—when the cerebral symptoms are already strongly marked. It will then be easy for the physician to trace the connexion between the previous act of the patient, and the symptoms which now appear; but will not the patient have already suffered the rigorous application of penal laws? This is a delicate problem, for the solution of which a most careful exercise of the conscience and knowledge of the physician is required. If any one is called on to give his opinion to enlighten justice regarding an infraction of morality, *committed without precedents*, in a moment when the individual is in full possession of the faculties of relation, he should express such opinion with great reserve. It will be for him to institute a searching and severe inquiry into the previous condition of the patient, his attitudes, his sleep, his will, his memory, his sensation, etc.; and perhaps he may then be able to discover some sign, from which he may deduce the irresponsibility of the subject.

The abrupt changes which may occur in a man's tastes, in his inclination, in his manner of living, in a word, in his social aspect, are worthy of attention. Modifications of this nature, when they do not appear in a slow and progressive manner, do not arise from the action of moral influences, and can only arise from a change in the nervous system. Thus it has long been remarked, that unusual gaiety in a habitually grave individual may denote the approach of an attack of apoplexy. It is the same with those who suddenly seek for noise and bustle, after having loved retirement and quietness for a great part of their life. We have known a man, aged 57, who, having up to that time led a grave and even austere life, gave himself up to the pursuit of amusements unsuited to his age, and was, a few months after, seized with sudden and complete apoplexy (*apoplexie foudroyante*). In this case,

which we observed a few years ago, we were led to form an unfavourable prognosis. A man most estimable for mental endowments, and for the qualities of his heart, came one day to converse with us on subjects not relating to his health. His conversation was clear; nothing was indicated in his gait; but he had for some time complained of inaptitude for work. While we were occupied in writing a letter, we saw him rise, rummage a drawer, and open a note. This act, on the part of a person of the most polite and discreet habits, struck us forcibly. We connected it with two other circumstances which were known to us. During the revolution of February, this gentleman, holding an important post in the administration, had engaged, from the most disinterested and praiseworthy views, in public agitation, from which his mind had received a strong impression: his mother had also been attacked with senile dementia. Three months, after the patient lost his sight after violent headaches, and he subsequently died, with all the symptoms of cerebral softening. A complete change in the turn of the ideas, when it is not the result of advanced age, when it manifests itself in a short period of time, and when it cannot be traced to the action of moral influences, is very suspicious. We have known a young physician, who exhibited this phenomenon in a very marked manner, and who, a short time after, was seized with paralysis of the insane. When we knew him three years before, he was very free in his assertions, and inclined to exaggerate; he had become discreet, and wary in his speech. His former condition, and the medium in which he had lived, shewed sufficiently that this change could not be the effect of a *progressive amendment*; we considered that there was some disease, and our opinion was ultimately confirmed.

It is conceivable, that the same psychological pertur-

bation which changes the moral sentiments may likewise impair the sentiment of self-preservation ; and hence that *suicidal melancholy* may mark the commencement of a severe affection of the brain. This disease is, moreover, very often conjoined with a lesion of the intellectual and affective faculties.

II. PREMONITORY SIGNS FURNISHED BY THE SENSORIAL FUNCTIONS. Most of these are furnished by the sense of *vision*. We will merely mention dimness, the appearance of objects as if coloured red, photophobia, etc., which may indicate threatening meningitis, as well as cerebral hyperæmia ; these symptoms bear an especial relation to acute diseases of the encephalon. These signs may exist several years before the explosion of the disease. Before attacks of apoplexy, impairment of vision sometimes exists in a high degree without being known to the patients, especially when, as is most commonly the case, it is not sufficient to prevent them from seeing those who are about them. The mistake is the more easy, as this symptom may be limited to one eye ; the other compensating for the weakness of its fellow. Amblyopia is a frequent symptom ; sometimes there is complete blindness, as in the case of the Baron Hornestein, cited by Wepfer (*Anatomia Apoplecticorum*), who became blind three weeks before a fatal attack of apoplexy.

A valuable sign, belonging in some degree to what may be called the expression of the eyes, consists in a want of parallelism in these organs ; it is not squinting, nor is it the look of hallucination. It seems pretty well defined by the following expression: *The eyes are not in the axis of the reason*. There may be certain defects in this relation pointed out between a material object and a moral fact ; but those persons who are accustomed to scrutinise the

human look, and to see reflected in it the different passions, will easily understand me.

The phenomenon of exaltation of special sensibility, as a precursory sign of a severe encephalic lesion, is sometimes met with. It is in this case, as in other circumstances in which it is observed, one of the most mysterious problems for the physiologist.\* It is well known that hearing often becomes excessively acute before attacks of apoplexy. The patients, incommoded by the least noise, become irascible; they perceive distant sounds, which are unheard by those who are with them. This fineness of hearing must be distinguished from the perception of strange and imaginary sounds, which is nothing but a sensorial hallucination.

The following is a case in which disease of the brain was first indicated by enlargement of the field of vision.

CASE. A painter, aged thirty-two, was admitted in 1849 into the Hotel-Dieu at Lyons. This young man, who was possessed of some talent, had been gradually reduced to distress, partly by political disturbances, partly by other causes. A year before entering the hospital, his sight, which was previously good, acquired greater development; from his window, which opened into a very long street, he could distinguish objects and persons whom he could before neither distinguish nor even see. This circumstance troubled him, and surprised those about him. The exaltation of vision continued until August 1847, when he was seized with violent continued pains in the right parietal region; at this time there was slight weakness in the left arm. The symptoms increased till March 1849, when there was

\* See the *feuilleton* of the *Gazette Medicale* for 1848, t. iii, p. 41, where several cases of exaltation of the senses are related.

paralysis and contraction of the right arm, and blindness of the left eye. When he entered the hospital in July, the following was his condition. There was almost complete stupor; the paralysed eye was almost completely covered by the upper eyelid; there was paralysis, with contraction, of all the left side of the body; the urine and fæces were discharged involuntarily. He continued in this state until the beginning of September, when death ensued, preceded by symptoms of slow fever. The autopsy revealed partial circumscribed softening of the middle and upper part of the right hemisphere, for the extent of about two *centimetres*; the convolutions were pale and puffy; the pulp was diffuent, and of a dirty grey colour. Except the corpus collosum, which appeared soft, the rest of the cerebral substance was sound.

This phenomenon, judging from a passage in the writings of Andral, seems to have been observed in other cases. "Cases have been observed in which, for a longer or shorter period before the attack, the sight has acquired an unusual degree of fineness. The existence of these important phenomena, which are often presented by vision at a larger or shorter period before the occurrence of hæmorrhage, prove incontestably that, before the blood is effused, there is already some morbid action, either continuous or intermittent, in the brain, of which it would be important to determine the precise nature."\*

The sense of *hearing* may present the same modifications as that of vision. Some persons are tormented with drumming in the ear, with continued or intermittent tinkling. Some believe that they hear the most strange noises. These hallucinations are by no means the constant precursors of an encephalic attack; they may be

\* ANDRAL. Clinique Medicale, tome v.



connected with simple perversions of the sensorial function.

**PREMONITORY SIGNS FURNISHED BY THE ORGANS OF MOTION AND SENSATION.** The alterations in the *muscular functions* present great variety, from the simple hesitation which we have already noticed, to paralysis which is complete, but which, on account of its nature and its seat, we shall denominate *irregular paralysis*. It is not uncommon to observe a state of general languor which makes the patients seek for rest—for the *far niente*. Van Swieten has remarked, in treating of apoplexy: *Primo oritur languor et amor quietis et otii*. At other times, those who are about to be attacked with cerebral disease are much agitated, and expend a great amount of activity in their movements. Dr. Tessier has lately attended a lady, aged 60, who from the critical age, has been subject to attacks every month, at the period when she used to menstruate. She loses consciousness; and, after having recovered her senses, is paralysed on one side of the body, with great embarrassment of speech. These symptoms continue some days, and gradually leave her, to return at the fixed period. But some days before the new attack, this lady, though usually quiet and peaceable, exhibits much agitation; she cannot remain in her place, and those who are about her always know what this sign means.—In this case, we recognize an example of *periodic nervous apoplexy*.

Impairment of muscular motion is exhibited in various degrees. It is especially remarked in the lower limbs, which seem to bend under the weight of the body, and render the gait rather unsteady. This debility is the more striking if the person be young, and has no apparent cause for it. Portal was able to prognosticate an attack

of apoplexy in a gentleman apparently in perfect health, from observing a slight fixedness in the left eye and a slight weakness in the leg of the same side. *The digitus semi-mortuus*, noticed by Dr. Marshall Hall, is one of those instances of *irregular paralysis*, of which it is so important to determine the true signification. Some time ago, we saw the following case. A man, aged 54, one day called on us. In conversation, he jokingly noticed a sort of deadness which he felt in the little finger of the left hand, while the rest of the hand was able to perform its ordinary functions. We advised him to put himself under treatment: he neglected this advice, and some days after was seized with cerebral congestion, which left his faculties remarkably weakened. *The digitus semi-mortuus* has shortly since been noticed in a valuable communication from Dr. Gillet de Grandmont.\*

Irregular paralysis, which seem to arise from exhaustion of the sources of the sensitive and motor powers, may appear under circumstances in which they do not constitute a symptom of such great importance. Such are those which sometimes follow hysterical convulsions, lead-colic, venereal abuses, etc. Here, these phenomena are connected with *transient* modifications of innervation. The suddenness of the attacks, their frequent isolation from other symptoms, their seat in parts distant from each other, while those lying between preserve the integrity of their movements, constitute the exceptional characters of those palsies which are connected with a latent alteration in the nervous centres. We must not lose sight of the difficulty of deglutition which some patients experience some time before being attacked: as well as the semi-paralysis of the vocal cords and tongue, giving rise to

\* Gazette Medicale, 1850, p. 400. A translation of Dr. de Grandmont's letter was given at p. 696 of the LONDON JOURNAL OF MEDICINE for July 1850.

stammering or aphonia. The paralysis of the upper eyelids, which become cedematous, is also a sign of great value.

*General sensibility* may be abolished, simply diminished, or exaggerated. The two first forms almost always follow muscular paralysis; but they may exist alone. Sensibility may be exaggerated in two forms. The patients may present hyperæsthesia, or exquisite sensibility of the whole cutaneous surface; so that the least touch troubles them. This is an increased anormal sensibility—an exaggeration of the sense of touch, corresponding to the exaltation of the sensorial faculties which we have already studied. Sensibility may also be exalted in the form of pain; and this merits our most careful attention. Violent pains, precursory of a severe cerebral lesion, have often been mistaken for neuralgia. The same is the case in treating cephalalgia, supposed to be dependent on dyspepsia: and this error is more readily fallen into, as the stomach is often disordered. The diagnosis in these cases is sometimes difficult; but the duration and violence of the pain will lead to the suspicion, that there is something more than ordinary headache, and that, although the functions of the stomach are troubled at the same time, the headache is often too intense to be accounted for by the state of that organ. The patient cannot in general endure a warm room, nor the noise made by persons about him, nor even the fatigue of agreeable conversation, without suffering an aggravation of his headache. The paroxysms are sometimes accompanied with vomiting, and sometimes with violent beating in the head. If with these symptoms we remark paleness of face and weakness of pulse, and if active measures have been employed without benefit, we are led to suspect the pre-

sence of organic lesion.\* Painful cramps are not unfrequent. Portal has seen patients who suffered severely from cramps in the legs before an attack of apoplexy.

Cutaneous sensibility presents other singular modes of perversion. A case is related of a man who, several months before being attacked with apoplexy, experienced from time to time an absolute loss of sensibility on five or six isolated points of the skin of the thorax, each of about the size of a five franc piece. Here the skin might be pinched without causing any pain; beyond, the sensibility was perfect. These partial abolitions of sensation were not constant. On some days there was not the least diminution of sensibility; then suddenly, and simultaneously, it was annihilated in the isolated portions. Such unusual modifications of functions directly dependent on the brain, ought to furnish us with arguments in favour of the possibility of moral and instinctive perversions, and of their dependence, not on the corruption of the moral faculty itself, but on a latent pathological condition of the organ. Hence arises the doctrine of irresponsibility.

It is in the life of relation that indicatory signs are especially to be looked for. At the initial period of severe cerebral disease, organic life reveals few or no disturbances. The symptoms which may exist under this head only acquire value in connection with those which are derived from the life of relation. The brain must be much affected to produce changes in the nutritive function. Excepting sleep, which is on the confines of animal and organic life, there is not in the latter any essential functional disturbance. In the initial period, most patients have lost the power of sleep, or, if this function be performed, it is rather a fatiguing drowsiness than refreshing

\* *ABERCROMBIE. Diseases of the Brain, p. 453.*

sleep. The digestive functions present no other special disorder than obstinate consumption, which is often difficult to be overcome by drastics. The eyelids sometimes become œdematous; and, in some subjects, attacks are preceded by small effusions of blood, even in the tissue of the conjunctiva. The secretions are but little altered. The urine is sometimes highly albuminous; but this is a subject for further researches.

In subsequent communications, Dr. Devay proposes to treat of the etiology and treatment of incipient cerebral affections.—From the "*London Journal of Medicine.*"

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#### ARTICLE IV.

HINTS TO THE MEDICAL WITNESS IN QUESTIONS OF INSANITY. By I. RAY, M. D., Superintendent of Butler Hospital, R. I.—*Read before the Association of Medical Superintendents of American Institutions for the Insane, held at Philadelphia, May 21, 1851, and published by desire of the Association.*

The frequency with which questions of insanity are now raised in courts of justice, has rendered it a very common duty for those who are engaged in our department of the healing art, to give their testimony in the capacity of experts. It is supposed that their position has afforded them peculiar facilities for obtaining information that may be available for the purpose of justice, and as their station is usually official, the public seems to have a claim upon their services over and above that which arises from the

ordinary relations of citizens. I see no reason why it should be evaded, upon any other ground than interference with other engagements, but many reasons why it should be cheerfully and intelligently performed. Thus, however, it never will be, without a thorough and systematic preparation. No one can perform the duty creditably, unless it has been maturely considered, its limits and relations clearly distinguished, and the special knowledge it requires, obtained and kept ready for use. In short, unless the whole ground is carefully surveyed, and all its aspects made familiar to the mind, the medical witness, instead of acquitting himself as every one would wish to with a proper sense of professional reputation, is very liable to furnish an illustration of an infirmity said to be very common among medical men, that of *breaking down* on the witness-stand.

Neither the occasion, nor my own opportunities, will permit me to present a systematic account of the qualifications of the expert in questions of insanity, nor, if I could, would it be any more profitable, perhaps, than the few practical hints I shall offer, suggested, chiefly, by personal experience.

I scarcely need say, that the method of eliciting information by *viva voce* testimony, is, in many cases, as inappropriate as possible, in questions of a scientific character. But the rules of evidence make no distinction between matters of fact and matters of opinion. In regard to the latter, as well as to the former, the testimony is off-hand, with no other preparation than what may have been anticipated by a shrewd conjecture as to the course of inquiry which the examination might pursue. Objectionable, however, as this method is, it is the only one known to our laws, and it becomes our business to meet its requirements as well as we can.

It cannot be too strongly impressed upon our minds, that the duty of an expert is very different from those which ordinarily occupy our attention, and requires a kind of knowledge and a style of reflection, not indispensable to their tolerably creditable performance. The acuteness sharpened by long observation, which leads one to detect the earliest aberrations of the mind; the learning and skill that enable him to combat the power of disease; the tact and good nature with which he turns a morbid impulse into a healthier channel, will render him but indifferent service on the witness-stand. There, he will feel the need of other resources than these, and fortunate will he be, if he do not learn his deficiency before he has exposed it.

The principal of the resources to which I allude, is a well-ordered, well-digested, comprehensive knowledge of mental phenomena, in a sound as well as unsound state. The question which, in one shape or another, is presented to the witness, is, whether certain mental phenomena indicate mental unsoundness. Cases of doubtful mental condition are not those whose true character can be discerned at a glance. The delicate shades of disorder can only be recognized by one who has closely studied the operations of the healthy mind, and is familiar with that broad, debateable ground that lies between unquestionable sanity and unquestionable insanity. How little dependence could we place upon the testimony of a physician concerning the results of a cadaveric autopsy, who had not, by frequent inspection, made himself acquainted with the healthy appearance of the organs. We readily see the presumption of saying that an organ is diseased, without knowing precisely how it looked when in health.



How the knowledge in question can be obtained, is a question more easily asked than answered. I certainly should not refer you to any of those systems of mental philosophy that are supposed to unfold and describe the various operations of the mind. The metaphysicians will render us little aid in this department of our duties. Their investigations are confined to a very limited section of the great domain of mental philosophy, each one believing that he has within himself all the materials necessary to a successful result, scarcely regarding the manifestations of mind as affected by disease as belonging to his province. Were I to refer you at all to books, it would rather be to those immortal works which represent men in the concrete, living, acting, speaking men, displaying the affections and passions, the manners and motives of actual men. Locke and Stewart will do you less service than Shakespeare or Moliere. But better than all books, though their aid is not to be despised, is personal observation and study of mental phenomena as strikingly exhibited in real life. To him who is engaged in the care and treatment of the insane, every mental peculiarity, especially in the normal condition, should be an object of study, nor will he notice without the deepest interest, those traits of character that mark the transition between health and disease. He must learn to distinguish the thoughts and manners of the one condition from those of the other, and endeavor to gain a ready perception of the general air and tone characteristic of each. No kind of preparation will better fit him for performing the peculiar duty of an expert which consists in forming opinions respecting mental conditions, from a few and perhaps disconnected facts. Without it he will be constantly liable to the mistake of regarding a trait or act as indicative of disease, for no other reason, perhaps, than because it oc-

curs in a case supposed to be doubtful, and of confounding natural eccentricities and impulses with the manifestations of active insanity. The expert who is deficient in this kind of knowledge, can never be a reliable witness in questions of insanity.

However well prepared the witness may be, he will find it necessary to be on his guard against another disadvantage incident to our method of eliciting evidence. He is called by the party that has reason to believe, that his testimony will serve the purpose of the latter. He is, in form at least, that party's witness, engaged by him, and by him made acquainted with all that he knows respecting the merits of the case. The consequence of such a relation is that he can scarcely help testifying under a bias. In many cases, no doubt, this would be unavoidable, under any mode of procedure, and the only thing the expert can do, is to shun the evils of this arrangement, as much as he possibly can. Counsel look at one side of the question only, and naturally endeavor to make the expert participate their views, while their intercourse is marked by a kind of cordiality and fellow-feeling, somewhat adverse to that independence which the expert should never relinquish. Counsel should be given to understand distinctly, that your opinion will be determined by the evidence given in court, not their statement of it, if you would avoid, on the one hand, the self-reproach incurred by testimony which subsequent reflection will not confirm, and, on the other, the unpleasant predicament of unexpectedly running counter to the views of the party that placed you on the stand. Your language should be, "I will make the examination, or hear the evidence in the case, if you wish it, and if the conclusions to which they lead me, will serve your

client, you are at liberty to call me, but otherwise you had better not place me on the stand."

The witness now being fairly on the stand, I would offer him a few hints by which he may profit in the performance of his duty.

In the first place, let him beware how he suffers the dread of being thought ignorant of his profession, to draw from him a positive and unqualified reply, where a modest doubt would have better expressed the extent of his knowledge. It is not expected, that on the spur of the moment, without any special preparation, he should always be ready to express an opinion on an obscure point, or one somewhat remote from the line of his ordinary duties. Neither court nor counsel ever commit a folly like this. They are careful to make their opinions the result of calm, deliberate reflection and thorough research. And why should the physician do otherwise? Life and death may be involved in his testimony, and the consequence of his rash confidence may be the ruin of a fellow-being and a harvest of self-upbraiding to himself. He loses no reputation necessarily, by honestly stating that he is unprepared to give an opinion without mature consideration, but he cannot help losing much by taking the opposite course.

There is another and a kindred point on which the expert will need all his caution. The object of counsel, as every body knows, is not so much to elicit the truth, as to serve their client, and thus every particular question as well as the general tenor of the examination, is adapted to this purpose. They form an hypothesis, or lay down a plan of operations, and then frame their questions so as to bring out the wished for reply. Let the witness never forget therefore, that every question has its object, and take care that his answer be carefully considered.

It also happens that an ignorance of medical terms, if not of medical subjects, often prevents the counsel from using language with that degree of precision which is indispensable in the discussion of scientific subjects. The witness should insist therefore on having the question clearly expressed, and never allow himself to answer a question he does not thoroughly comprehend. Equally necessary is it for him to be careful how he returns categorical answers to the questions put to him, for they are apt to leave wrong impressions upon those who are imperfectly acquainted with the subject, and may be adroitly used to embarrass the witness and discredit his testimony. If he would avoid this result, he must, in spite of the authoritative demand for a *yes* or a *no*, so qualify and explain his answers, as to prevent any mistake of their meaning, and no dread of amplification should deter him from his purpose. Let him bear in mind that he has an unquestionable right to express his opinion in his own way, and that he is put upon the stand, not solely to answer such questions as the ingenuity of counsel may prompt to further their ends, but to give an opinion on a scientific subject for the purpose of promoting the cause of justice.—Such, in point of fact, notwithstanding our modes of procedure, is the proper function of the expert, and, judging from my own experience, courts are disposed to receive any light he can furnish, and will sustain him in his endeavor to make himself thoroughly understood. Indeed, they are less likely to yield their confidence to categorical and unqualified statements, indicative, as they must be, either of ignorance or trepidation, than to the cautious and guarded manner characteristic of true science.

The medical witness must be on his guard against another favorite manœuvre of counsel—that of supposing

cases, and drawing out of the witness an opinion that may be advantageously applied to the case in hand. It is easy enough for an active imagination to create a case apparently favorable to a certain hypothesis. And this is its radical fault, that it is without life or substantiality, a mere figment of the brain. It is a well-settled principle, that in matters of science, opinions must not be formed on a partial statement of facts ; but how can any statement be regarded as complete or incomplete, which is professedly fictitious ? In a case where the validity of a will was contested on the ground of the insanity of one of the subscribing witnesses, it appeared in evidence, that he had, at one time, entertained some gross delusions and attempted suicide, but that for a few months previous to the execution of the will, he had renounced the delusions, pursued his studies, wrote a very good book, and in short, seemed to be entirely like himself, with the exception of unusual shyness and desire for solitude. To one of the experts who had expressed the opinion that this person was of sound mind, this question was put ;—"Supposing he had committed murder about the time he witnessed the will, would you have considered him as morally responsible for the act?" The question was artfully founded upon the imputed disposition of the expert to admit too readily the plea of insanity in criminal cases. The court did not permit it to be answered, but the reply would have availed the party nothing. An act of homicide is a fact, or more properly a body of facts, a knowledge of every one of which may be necessary to throw any light on the mental condition of the person committing it. Nothing could be more presumptuous than to form an opinion in such a case, without an exact knowledge of all, even the minutest of the circumstances attending it. Here was an endeavor to draw out a professional opinion

on an abstract idea, and even if a tissue of circumstances had been *supposed*, they would have formed no ground for an opinion.

Another professional manœuvre of a kindred nature, is that of selecting one or more particulars which have been adduced among the indications of insanity, and then asking the medical witness if he regards that as a proof of insanity. It is always one of those things which, whatever they may signify when viewed in connection with one another, yet singly considered, prove nothing respecting the mental condition. And it is for this very reason that the attempt is made to throw the expert upon the horns of a dilemma, for if he replies in the negative, he appears to deny what he has but just virtually affirmed; if in the affirmative, he stultifies himself in his eagerness to avoid a fancied inconsistency. The only course for him is, to state the general principles which no one sees exemplified oftener than himself; that, in a large proportion of cases, insanity is manifested, not so much by any particular trait, as by the general character of the person's conduct and conversation, as compared with that which he exhibited when admitted to be sane; that, in regard to many patients, it would be impossible to mention a single trait that none but an insane man would exhibit; that even in the strongest cases, it would often be difficult to give reasons for a belief that would be satisfactory to those who have no practical knowledge of insanity; and that this difficulty becomes an impossibility when the indications are obscure, or consist more in the general style of the conduct and discourse, than in any single act or notion. At any rate, let him firmly decline to form an opinion on one or two selected facts.

Lawyers are much disposed to ask for a definition of insanity, and it will be well for the witness to be prepared

on this point, bearing in mind that the object of the question is, not so much to obtain any light on the subject, as to perplex and embarrass him. Medical writers have exercised their wits in finding what they are pleased to call a definition of insanity, in the belief that if once discovered they would know precisely what insanity is and what it is not. It is generally admitted, I believe, that no one has yet succeeded in accomplishing this laudable purpose, for insanity belongs to a class of phenomena that may be described and explained, but are not the proper object of a definition; and the reason why an unexceptionable one has not appeared, is not so much on account of the obscurity of the subject, as because it is totally inappropriate and nugatory. If the medical witness suffers himself to be drawn into a metaphysical discussion, he will be sure to be worsted, for his opponent is cool and prepared, while he is taken by surprise, and unable to see the point to which he is dexterously lead.

The witness is sometimes asked if all people are not more or less insane, and if all crime is not temporary madness. The object of the question is to excite a prejudice against the plea of insanity generally, by implying that it is used to shield the evil-doer from the penal consequences of unbridled passion. Although never relevant to the case in hand, yet the witness may sometimes deem it proper to return a formal and deliberate answer; and if his views on the subject agree with mine, he will firmly maintain the distinction between normal passion and maniacal fury,—between the infirmities and short-comings of a limited nature and the manifestations of unequivocal disease. If people choose to set up, in good faith or otherwise, a fancied ideal of perfection, and regard every one who falls short of it as more or less unsound, I would only object to the misapplication of terms; but



while I acknowledge the difficulty sometimes of running the line between vice and insanity where they border on each other, I believe that, for the most part, they are wide enough asunder and easily distinguished. Nature draws no dividing lines in the realms of moral or natural science. Classes and orders and genera merge into one another, and the inquirer is ever treading upon some debatable ground, where the clearest distinctions and definitions quite vanish away. Why then should it be thought so strange, that the empire of health should be divided by no palpable line from that of disease? or that this fact does not authorize the conclusion that their respective phenomena can seldom be accurately distinguished from one another? Our knowledge of the philosophy of crime, if I may use the phrase, has been greatly enriched of late years, by observations in hospitals, jails and court-rooms, in the purlieus of vice and the walks of respectable society; but the old land-marks, the fundamental distinctions remain as prominent as ever.

Of late years it has been common to ask the expert's opinion on the subject of *moral* insanity, for the purpose of attaching to him an unpopular doctrine, and thereby diminishing the weight of his evidence. It is well to have our minds made up on this point. I presume no member of this Association has any doubt of the existence of a form of mental disease that is chiefly confined to the moral sentiments and affections, the intellectual powers evincing no appreciable derangement. But, however satisfactory the proof of it may be to us, most people treat it with a degree of scepticism not less strange than the readiness with which they are accustomed to accept, without proof and against reason, any new-fangled doctrine in morals or science, which may

happen to strike their fancy, or flatter their prejudices. The world at large can perceive no distinction between the manifestations of such disease and those of ordinary, every-day depravity, and the language which it addresses to the luckless patient is, "If you have an uncontrollable impulse to commit crime, we have an uncontrollable impulse to punish you." Indeed, there seems to be an inability in most men,—the intelligent and cultivated as well as the ignorant and thoughtless—to conceive of any insanity that does not involve the intellectual powers, and the accumulation of proof only strengthens the difficulty instead of removing it. No where has the fact met with less favor than on the bench, as if it carried with it something peculiarly repulsive to the judicial conscience. It is folly to contend against such prejudices, and therefore it is to be regretted that the term *moral insanity* was ever introduced into a court of justice, for, under the circumstances, it has been the occasion of much harm, while for all practical purposes it is unnecessary. It is enough to say that the party is insane. The law does not oblige us to enter into nice distinctions respecting the form of the disorder. I doubt if the witness is obliged to give his opinion on any question of insanity disconnected with the case in hand, and if the object is obviously to embarrass him he had better stand upon his rights.

The course usually adopted for eliciting the opinion of the expert, in questions of insanity, is, to ask him if he has heard the evidence, and if he has, and supposing it to be true, what is his opinion respecting the mental condition of the party. It not unfrequently happens that discrepancies and contradictions appear in the testimony, quite inconsistent with the idea of its being all true. Having no right to decide for himself between the true

and the false, what is the expert to do? Without prescribing to others a rule of conduct in this emergency, I can only say for myself, that where these contradictions are of a trivial character and confined to subordinate points, I presume they may be overlooked without any impropriety; but where they involve the main facts at issue, I see not how he can arrive at any conclusion without assuming the functions of the jury. In this contingency, he can only candidly state his embarrassment, show how the testimony clashes, describe the bearing which its several portions may have on his opinion, and leave the farther disposal of the matter to the court.

It often happens too, that the evidence, without involving any manifest contradiction of facts, bears the marks of high coloring, of exaggerated statement, or unintentional omissions. Different witnesses, we well know, seldom state the same facts precisely alike. There will be something either of addition or omission, in the testimony of each, calculated to leave an impression different from that produced by the rest. Here, I presume, the expert is permitted, if not required, to make such allowances as are naturally made by every other person around him, otherwise he would be forever debarred from giving an opinion in a judicial inquiry. But the expert must never forget, that it is the *whole* evidence on which his testimony must be founded, and if it be contradictory or deficient, he will best consult his own reputation and promote the ends of justice, by candidly stating the fact.

The question has often been raised, whether the medical witnesses in a case should consult with one another previous to giving their testimony in court. It has been

apprehended that such consultations would prove unfavorable to a proper independence, and to some extent, substitute personal biases for conclusions honestly drawn from the evidence. A little diversity of opinion is supposed to have a less suspicious appearance, than a uniformity of statement which might indicate a preconceived arrangement. There may be some ground for the apprehension here mentioned, but not sufficient, I think, to deter us from availing ourselves of this measure if otherwise proper. The opinion of the expert is undoubtedly founded on the facts in evidence, but it is unquestionably guided in a great degree, by his previous knowledge of the general subject. If he may consult books—the written experience of others—why not the authors themselves, or any one possessing the requisite information? In the interchange of thoughts produced by a *viva voce* discussion much may be elicited having an important bearing on the points in question. The views of the witnesses are rendered more clear and precise, and if any of them are obliged to yield somewhat of the ground they have assumed, still it may prove that they have gained more than they have given up. I may mention, however, in this connection, though the fact is not exactly german to this conclusion, that in no trial that I have been connected with, was there, to my knowledge, any consultation of the medical witnesses. The thing was never proposed. Whether something would not have been gained by a free interchange of views, is a question not easily answered.

I scarcely need remind the witness that, above all things he should be cool and quiet, and never be provoked into a sharp reply or a cutting retort. Let him be careful how he descends from the high position which he holds in virtue of his function, in which he will be

always respected as long as he respects himself; for if beaten at these weapons, as he probably will be, his opinions will be shorn of much of the weight with which they would otherwise have been received. He must make up his mind to have his sentiments travestied and sneered at, his motives impugned, and pit-falls dug in his path, with the same kind of indifference with which he would hear the maledictions of an excited patient.

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#### ARTICLE V.

#### GHEEL.

By PLINY EARLE, M. D.

No objects of contrast, no extremes or opposites are much more dissimilar than the different sections of country traversed by the Rhine, between Johannesburg and the sea. From the upper extremity of the Rhinegan to "The Castled Crag of Drachenfels," the river is almost uninterruptedly hemmed in by precipitous mountains, while the largest portion of the district farther down, extending through the Netherlands, is an undiversified, monotonous level. The former of these divisions is the region, *par excellence*, of legendary tales. But, although these compositions of mingled fact and fable are mostly concentrated among the mountains, a country best adapted to their romantic spirit, yet even the low lands of Flanders are not wholly destitute of them. The outlines of one of these are as follows.

Sometime in the seventh century there lived, in Ireland, a girl named Dympna, who was no less remarkable for beauty than for piety and chastity. But her loveliness excited the most unholy passions and desires of her father, who, instigated by the devil, determined to gratify them, even though he should accomplish the ruin of his own daughter. Maintaining her virtue, but shocked at the unnatural conduct of her parent, she resolved to fly beyond the possible reach of his power. Accordingly, having obtained the companionship of a priest, named Geburnus, she escaped from her native country, and found a place of supposed security in a secluded district of the Netherlands.

The father was greatly angered when he received intelligence of the departure of his lovely daughter. Still incited by the devil, who constantly followed him, whispering evil in his ears, he determined to find her place of refuge, though at the uttermost ends of the earth. He prosecuted enquiries until he discovered the course she had taken, and followed her, the evil one still at his ear. The winds did not dismast his vessel, the waters did not overwhelm it. He landed upon the continent, found his daughter, and immediately caused her to be beheaded. She died and became a Saint. She was buried, and her bones—the bones of Saint Dympna were worshipped.—But, even after her death, the good and benevolent Saint devoted herself to the afflicted of the human race; to the restoration of those whose reason had become alienated.

Geburnus also died, and was buried beside the martyred girl whom, in her flight from an incestuous father, he had protected. A chapel was erected near the graves, and hither came the insane from all quarters of the land, to intercede with the blessed Saint, and to be healed by her health-restoring power. In process of time, as the

fame and influence of the Saint became more and more extended, the people erected a new church, some half-mile distant from the graves of Dympna and Geburnus. It is a massive structure, about two hundred and fifty feet in length, and otherwise correspondingly proportioned.—Nor is it an unimportant testimony to the zeal and devotion of its builders, that the stone of which this large edifice is composed, was drawn more than thirty miles, over a heavy sandy road. They were prodigal of toil until this, the principal church of the commune of Gheel\* was completed.

At length some Germans came to Gheel, for the purpose of exhuming the remains of Saint Dympna, and removing them to their own country. They excavated the wrong grave and obtained the bones of the priest Geburnus. The Gheelans, excited at the intended outrage, attacked the Germans, but were repulsed. The latter, discovering their mistake in regard to the remains, again went to work, and dug to the coffin of Saint Dympna. But, with all the power which could be applied, they could not remove it—could not stir it a hair-breadth. The Gheelans, reinforced, returned, re-attacked the Germans, conquered and drove them from the country.—Thus rid of their enemy, they attempted to remove the coffin of the Saint, but, for a long time, were equally unsuccessful with the Germans. It appeared as if no human power were able to stir the bones of Dympna. When all imaginable devices had failed, and the attempt was about to be relinquished, a deaf and dumb boy, as if by chance, came by. "If you would succeed," said he, "you must take yonder horse." The people gazed with astonishment. The boy had never spoken before. He never spoke again. These were the only words he ever

\* Pronounced *Hkale*.



uttered. The particular horse which he had designated was attached to the coffin, and the remains of the Saint were thus removed, without farther difficulty, to the new church, where they are still preserved in a shrine of silver. The stones of the coffin were deposited in an elegant case, which was placed in the chancel, elevated upon pillars, at a height sufficient for a person to kneel beneath it.

Meanwhile, a knowledge of the miraculously curative power of Saint Dymphna circulated more widely, and the insane from all the surrounding provinces were brought to Gheel for the purpose of obtaining her assistance.—Arrived there, the ceremonies performed, were as follows:—

“The relatives of the patient cause a nine days’ offering (*une neuvaine*) to be made in the church of St. Amans.\* During the nine days the patient is placed in a house attached to the church. He is shut up alone, or with other companions of misfortune, under the *surveillance* of two old women. A priest comes every day to say mass, and to read prayers. The patients who are tranquil, accompanied by some children of the country, by some devotees, make, during the nine days, the circuit of the church, three times on the outside, and three times within. When the patients are in the chancel, where stands the case enclosing the stones of the Saint’s coffin, they kneel and pass under this case three times, that is, at each circuit which they make of the interior. If the patient be furious, a person of the country and some children are paid for making the processions for him.

“While the patient makes the three circuits, his relatives are in the interior, praying to the Saint to effect a

\* This was called the Church of St. Dymphna, by the gentleman who conducted me through it.—P. E.

restoration. Mass is said on the ninth day, the patient is exorcised, and sometimes a second offering (*neuvaine*) is commenced."\*

Such is the legend of Gheel. It commences, perhaps, in fable, but terminates in the authentic history of recent years. The place has been, for centuries, known as a resort for persons suffering under mental disorders, and the ceremonies for securing the favor of Saint Dymphna, are accurately described.

The principal information in regard to this unique Commune, which has hitherto been received upon this side of the Atlantic, is contained in the description by Esquirol, who visited it in 1821, and published an account of it in 1822, which was afterwards embodied in his large work upon mental diseases. No American has described it, and probably, previous to 1849, no one had visited it. Being in Belgium, in the summer of that year, I determined to obtain a knowledge of it by personal observation.

A diligence runs daily between Antwerp and Gheel, the distance being about twenty-five miles. Upon a beautiful afternoon in July, I took a seat in this conveyance. For several miles we passed through a fertile and highly cultivated district, teeming with a luxuriant vegetation; the road bordered upon both sides with almost uninterrupted rows of trees. Soon after leaving the old town of Sierre, the soil became light and sandy, and vegetation less abundant. Trees no longer bordered the road, but small pines were scattered over the country, and, at length, we traversed an almost sterile plain. As the horses slowly dragged the burdened wheels through the sand, the idea was suggested that this desolation of na-

\* Des Maladies Mentales, Par E. Esquirol. Vol. 2d, p. 713—14.

ture comported well with the mental desolation which I was about to witness; that the change in the face of the earth, during this short journey, was typical of the alteration in a vigorous mind when, by disease, it is transformed into a dreary intellectual waste. As we approached Gheel, however, the landscape again assumed a more cheerful aspect, and rich fields, laden with grass and grain, stretched far and wide around us. Nature resumed her smiles, and the strong mind which had been made a desert was again restored to reason. We entered the town or city, and stopped at the *Hotel de la Campine*.

The Commune of Gheel is about twelve miles square, and contains a population of ten thousand persons, exclusive of the insane. The city of Gheel has but about three thousand, the remainder being distributed upon farms, and in eighteen small villages, or hamlets, in different sections of the commune. The country is level, the soil in some parts good, and highly cultivated and productive; in others, light and sandy. Agriculture, the care of the insane, and the manufacture of lace, are the principal occupations and sources of revenue of the inhabitants.

The city of Gheel, like most other small towns upon the continent, is as completely built as if it were a portion of one of the larger capitals. The houses are constructed of stone or brick, and but few of them are more than two stories in height. The principal church, the public offices, and the houses for the entertainment of travelers, are upon the limits of a large, open square, near the centre of the city. The accommodations of the *Hotel de la Campine* are quite as comfortable as could be expected in a place so secluded, and of so little trade. Within the square is a public well, with a large pump, the creaking of whose heavy iron handle, as it is moved by the village maids,—city maids they must be

called, since they are under the government of a Burgo-master—coming, one after another, from various directions, to procure water for domestic use, is almost the only sound which, of a summer afternoon, disturbs the silence of the place.

The house in which patients were formerly kept, while performing the *neuvaine*, is so connected with the church as apparently to form a part of it. Upon either side of its immense fire-place an iron ring is fixed to the wall, and a chair attached. These were used for the confinement of the excited and violent. At the opposite extremity of the church is the case containing the stones of the coffin of Saint Dymphna. The floor beneath it, although of stone, is very perceptibly worn away by the persons who have knelt there, in their intercessions to the Saint. In near proximity to the case, there is a small side-chapel. Suspended upon its walls there still exists a well-preserved series of ancient oaken tablets, representing, by figures carved in *alto relievo*, nine scenes in the history of the Saint. The subjects of these may be understood by the following translation of the Latin inscriptions upon the several tablets:—

1. Here Dymphna\* is born of Christ.
2. She is given to an angel to be guarded.
3. She refuses incest with her father.
4. Being virtuous, she leaves her ancient country.
5. Being found, she is given up to her father.
6. She is slain, a victim to chastity.
7. They collect the remains of the angel.
8. They worship the bones of the martyr.
9. She ministers unto many sick people.

\*Esquirol invariably writes this "Nymphna," but I only heard it spoken, at Gheel, as Dymphna. Upon the tablet it is Dimpna.

The carving is pretty well executed. Wherever the wicked father of the Saint is introduced, the image of the "unwearied adversary," with an infernal grin, is at his ear. In the last tablet the Saint is represented curing the insane, from the top of the head of one of whom a "devil" is making his egress.

The number of insane in the Commune of Gheel, in the latter part of the last century, was about four hundred. In 1803 it had increased to six hundred. In 1812 there were but five hundred, and, in 1821, four hundred. In 1849, according to Mons. Vygen, the *Commissaire de Police*, there were about one thousand, making the whole population of the Commune eleven thousand, of which the proportion of the insane to the sane, was, of course, as one to ten.

There are but three hundred patients in the city of Gheel. The remainder are distributed among the farmers, and in sixteen of the eighteen hamlets. The number of patients in the houses where they are taken is variable, but no person is permitted to have more than five. M. Vygen thinks that, in the city, there are not more than one hundred families which do not receive them.

The accommodations are of various grades. At some houses which I visited, the apartments were very agreeable and commodious, but in none were they furnished in a style nearly so elegant, as that of many of the private institutions for the insane in Belgium, France, England and America. But, at Gheel, much the greater proportion of the patients are supported at the expense of the public, and but about fifty cents a week is paid for the board and care of each of these.

No very great extent of luxury, either in furniture or food, can be supplied at the rate of seven cents a day.—Consequently many of these are placed in garrets, lofts, out-houses and other out-of-the-way nooks and corners

where their accommodations can hardly be accurately described by that expressive word—"comfortable."—They appear, however, to be decently clothed and sufficiently well fed, and of all that I saw, in the numerous houses which I visited in Gheel and the surrounding country, I have no recollection of hearing a word of complaint in these respects. On the contrary, one woman, at a large farm-house a mile or two out of the town, was sorely troubled because there was too much food, too much clothing, in short, too much of every thing in the world.

A considerable number, though not a large proportion of the patients are permitted to go at large, unaccompanied. A stranger in Gheel, without a knowledge of the fact that he is surrounded by a large number of insane, might, perhaps, pass a day or two before he would suspect it, as those who are abroad are mostly such as betray no very prominent eccentricities of conduct.—Several with whom I conversed in the streets said they were brought to the place because they were thought to be insane. One of them declared himself to be the Emperor of Austria, and another, a woman, claimed to be the daughter of the same sovereign. Within the town, I saw but one patient in the streets upon whom there was any restraining apparatus. His waist was encircled with an iron belt to which his hands were secured by wristlets. In the suburbs and around the farm-houses, however, there were several who were fettered with iron, the chain between the ancles being about eight inches in length. In some cases the rings around the ancles had abraded the skin and occasioned bad ulcers.

The climate of Gheel is said to be favorable to longevity. Mons. Vygen said that many of the patients were over eighty years of age, that a considerable number have died at nearly one hundred, and one, about the year 1845,

at one hundred and four. The Asiatic cholera has never visited the place, although it has ravaged some of the surrounding communes.

On the second evening after my arrival in Gheel I attended a meeting of the *Societe d'Harmonie*, a musical association founded by one of the patients resident in the place. He remained a member for several years, and before his decease, saw it a flourishing society, composed of many members, playing upon nearly all kinds of musical instruments and furnished with a spacious hall for the accommodation of themselves and their audiences.

All the insane in the Commune are under the general supervision of a Board of Commissioners consisting of the Burgomaster, four physicians, two surgeons, and three citizens. Until recently the sick were all attended by the physicians of Gheel. The city of Brussels, however, having no less than three hundred and sixty patients here, has sent a physician, Dr. J. Parigot, formerly Professor in the University of Brussels, to have the special oversight of them. To him, as to M. Vygen, I am much indebted, not for verbal information alone, but for their company in visiting the houses in which patients are entertained.

The question whether the welfare of the insane is as much promoted in this Commune as it would be in Asylums or Hospitals has recently been much discussed in Belgium, particularly by medical men and the public authorities of the cities which now send their patients to Gheel. The Gheelans, citizens, medical men and public officers, espouse the opposite side of the question. They maintain that the patients under their care enjoy greater liberty and suffer less coercive restraints, that they breathe a purer air and take more exercise, are more constantly under supervision, and by being so widely distributed, a few in each family, are less subject to disturbance and



annoyance from other patients than is possible in large institutions.

I saw nothing, farther than what is herein mentioned, tending to excite a doubt that the patients are kindly treated by their immediate protectors. The Physicians, the *Commissaire de Police* and the other officers whose duties involve a supervision of the insane, have an arduous task, but it is apparently faithfully performed. Notwithstanding all this I believe the *system* is liable to greater abuses than can possibly occur in well ordered institutions, and that the interests of the patients now at Gheel would be advanced if they could be placed in public Asylums, such as have recently been established in America, England, and several of the continental countries.

The work of Mons. Appert, a Frenchman, who recently traveled in Belgium, contains a notice of Gheel from which the following paragraph is translated.

"The greater part of the insane work in the fields with the persons who board them; they sometimes, also, take care of very young children, and, what is very remarkable, there is no instance of any injury (*exces*) committed by them upon these little creatures."\*

M. Appert, according to the dates in his journal, remained but part of a day in Gheel, and, consequently, had not an opportunity of collecting all the information upon the subject of the insane which the place affords.—I was told, by two or three persons, at different times, that, about two years previous to my visit, one of the patients became strongly attached to a child in the family with which he boarded. Another patient was subsequently received, and, as *he* also became interested in the child, the jealousy of the former was aroused to

\*Voyage en Belgique. Par B. Appert, 1849.

such an extent that he murdered the little object of his affection.

The modern annals of Gheel furnish another tragedy, no less melancholy in its termination. About four years before my visit, one of the insane men was in the practice of collecting herbs, making infusions of them in beer, and selling this liquid, as medicine, at a high price. He had acquired a somewhat extensive reputation among the people of the vicinity, for his skill as a Physician, and was consequently consulted by many who were suffering from disease. The Burgomaster of Gheel, at that time, was a chemist and druggist, and, as his business was thus interfered with, he became perhaps imprudent in his opposition to the proceedings of the patient. The insane man frequented the beer-shops, where, as in similar places in other countries, political subjects were frequently discussed. He heard much said against the Burgomaster, and hence probably at length believed that officer to be a very general object of dislike. He obtained an old bayonet, sharpened it, met the Burgomaster upon a somewhat secluded cross-path, by which he was accustomed to pass between his house and store, and killed him by repeated stabs.

These occurrences are not related as arguments against the system at Gheel. Incidents equally unfortunate, equally melancholy and fatal have occurred, more than once, in Asylums. Assertions, however, so erroneous as that of M. Appert, although made, undoubtedly, under a conviction of their truth, ought not to be permitted to give a false impression to the public mind. It should be known that at Gheel, as at every other place where there is a large congregation of the insane, there is liability to serious accidents, and that these have not always been avoided.

## ARTICLE VI.

REPORT *on the Construction of Hospitals for the Insane, made by the Standing Committee of the Association of Medical Superintendents of American Institutions for the Insane, at its Meeting in Philadelphia, May, 21, 1851.*

At the meeting held at Boston, June 18th, 1850, the Standing Committee on the Construction of Hospitals for the Insane, was instructed to report to the next meeting, a series of propositions relative to the structure and arrangements of American Institutions for the Insane, that would embody the well ascertained views of the body in reference to many points in regard to which there was no difference of opinion. The twenty-six now reported are of that character, entire unanimity in reference to them was expressed, and they are important as embodying the views of those who have a practical knowledge of the subject. Many other points might have been introduced, but from a conviction that some diversity of sentiment still existed in reference to them.

I. Every Hospital for the Insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

II. No Hospital for the Insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every State Hospital, or other Institution for 200 patients, to which number these propositions apply, unless otherwise mentioned.

III. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

IV. No Hospital for the Insane should be built, without the plan having been first submitted to some Physician or Physicians, who have had

charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

VI. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible be made secure from accidents by fire.

VII. Every Hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex,—making sixteen classes in the entire establishment.

VIII. Each ward should have in it a parlour, a corridor, single lodging-rooms for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes room, a bath room, a water closet, a dining room, a dumb waiter and a speaking tube leading to the kitchen or other central part of the building.

IX. No apartments should ever be provided for the confinement of patients, or as their lodging rooms, that are not entirely above ground.

X. No class of rooms should ever be constructed, without some kind of window in each, communicating directly with the external atmosphere.

XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

XII. The floors of patients' apartments should always be of wood.

XIII. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

XIV. A large Hospital should consist of a main central building with wings.

XV. The main central building should contain the offices, receiving rooms for company, and apartments entirely private, for the Superintending Physician and his family, in case that officer resides in the Hospital building.

XVI. The wings should be so arranged, that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes for the free admission of both light and air.

XVII. The lighting should be by gas, on account of its convenience, cleanliness, safety and economy.

XVIII. The apartments for washing clothing, &c., should be detached from the Hospital building.

XIX. The drainage should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

XX. All Hospitals should be warmed by passing an abundance of pure fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212 degrees F., and placed in the basement or cellar of the building to be heated.

XXI. A complete system of forced ventilation, in connection with the heating is indispensable to give purity to the air of a Hospital for the Insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

XXII. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.

XXIII. All water closets should as far as possible be made of indestructible materials—be simple in their arrangement, and have a strong downward ventilation connected with them.

XXIV. The floors of bath rooms, water closets, and basement stories, should as far as possible be made of materials that will not absorb moisture.

XXV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows of which should be large, and have pleasant views from them.

XXVI. Wherever practicable the pleasure grounds of a Hospital for the Insane should be surrounded by a substantial wall so placed as not to be unpleasantly visible from the building.

PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF  
MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Association of Medical Superintendents of American Institutions for the Insane, convened at the Hall of the American Philosophical Society in the city of Philadelphia, on the 19th day of May, 1851, at 10 o'clock, A. M.

The following gentlemen were present:—

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| Dr. ISAAC RAY, of the Butler Hospital for the Insane, Providence, Rhode Island.  | Dr. WILLIAM S. HAINES, of the Philadelphia Lunatic Asylum, Blockley.       |
| Dr. N. CUTTER, of the Pepperill (private) Institution, Mass.                     | Dr. JOHN CURWEN, of the Pennsylvania State Lunatic Hospital, Harrisburg.   |
| Dr. JOHN S. BUTLER, of the Connecticut Retreat for the Insane, Hartford.         | Dr. JOHN FONERDEN, of the Maryland Hospital, Baltimore.                    |
| Dr. N. D. BENEDICT, of the New-York State Lunatic Asylum, Utica.                 | Dr. S. HANBURY SMITH, of the Ohio Lunatic Asylum, Columbus.                |
| Dr. C. H. NICHOLS, of the Bloomingdale Asylum, near New-York.                    | Dr. J. W. PARKER, of the South Carolina Asylum, Columbia.                  |
| Dr. H. A. BUTTOLPH, of the New Jersey State Lunatic Asylum, Trenton.             | Dr. R. J. PATTERSON, of the Indiana Hospital for the Insane, Indianapolis. |
| Dr. T. S. KIRKBRIDE, of the Pennsylvania Hospital for the Insane, Philadelphia.  | Dr. J. M. HIGGINS, of the Illinois Hospital for the Insane, Jacksonville.  |
| Dr. JOSHUA H. WORTHINGTON, of the Friend's Asylum for the Insane, Frankford, Pa. | Dr. PLINY EARLE, late of the Bloomingdale Asylum, New York.                |
|  | Dr. SMITH, of the Missouri Hospital for the Insane, Fulton.                |

In the absence of the President and Vice President, the Association was called to order by the Secretary, Dr. Kirkbride, and on motion of Dr. Fonerden,

Dr. J. W. Parker, of South Carolina, was appointed Chairman, *pro tem*.

The minutes of the preceding meeting having been read, on motion of Dr. Fonerden, it was

*Resolved*, That a committee be appointed to select the names of individuals to fill any vacancies which may exist in the offices of the Association: Drs. Fonerden, Worthington, and Hanbury Smith, were appointed the committee.

A letter from Dr. W. M. Awl, of Ohio, was read, in which he tendered to the Association his resignation of the office of President, which was accepted, and referred to the committee to nominate officers.

On motion of Dr. Kirkbride, it was

*Resolved*, That the members of this Association, in receiving the resignation of Dr. Awl, as its presiding officer, cannot allow the occasion to pass, without testifying their full appreciation of his efforts, as one of the original promoters of this Association, and of his varied and important services in the cause of the Insane,—and their regrets are increased by the knowledge that impaired health should have compelled him to cease to occupy the post of active usefulness, in which he has been so long and so favourably known.

*Resolved*, That the Secretary be instructed to furnish Dr. Awl, with a copy of these resolutions.

The committee, to propose names to supply vacancies in the offices of the Association, nominated Dr. Luther V. Bell, of Massachusetts, as President, in the place of Dr. Awl, resigned, and Dr. Isaac Ray, of Rhode Island, as Vice President, in the place of Dr. Bell, nominated for President, which nominations were confirmed by the Association, and these gentlemen duly appointed.

On motion of Dr. Butler, it was

*Resolved*, That each member be authorized to invite such individuals, as he may think proper, to attend the meetings of this Association.

On motion of Dr. Kirkbride, it was

*Resolved*, That as heretofore, a business committee consisting of three members be appointed, who shall report, each morning, what papers will be read, and what other business is likely to come before the Association during the day.

Drs. Kirkbride, Benedict, and Butler, were appointed the Committee.

The Secretary read a letter, from the late President of the Association, announcing the subjects selected by him, on which the members are expected to report during the present meeting, in compliance with the resolution adopted last year.

Invitations from the Board of Directors and President of Girard College for Orphans, inviting the members of the Association to visit that institution, were read and accepted.

The resolution of the American Philosophical Society, tendering the use of their Hall for the meetings of the Association—also one, of the Board of Managers of the Pennsylvania Hospital, offering their library-room for the same purpose, were read.

Lawrence Lewis, Mordecai L. Dawson, and William Biddle, took seats with the Association, as Members of the Board of Managers of the



Pennsylvania Hospital for the Insane, also William Bettle, and John C. Allan, as Managers of the Friends' Asylum.

A paper prepared by Dr. Galt, of the Eastern Asylum of Virginia, on the impropriety of treating the insane, and persons affected with other disorders, in the same building, was read by Dr. Hanbury Smith, and after discussion, on motion of Dr. Butler, was laid on the table for future notice.

Dr. Cutter, read a paper on the use of Stramonium, in the treatment of Insanity, which after discussion was laid upon the table.

Dr. Ray, read a case illustrating the great ingenuity often exhibited by the insane in accounting for their delusions.

Dr. Worthington, tendered to the Association an invitation to visit and examine the Friends' Asylum for the Insane—and Dr. Kirkbride, a similar one to visit the Pennsylvania Hospital for the Insane, which invitations were accepted, and referred to the business committee.

Dr. Kirkbride, made a report from the business committee, which was accepted.

On motion of Dr. Parker, adjourned, to meet at the Girard College, at 4½ o'clock, this afternoon.

#### AFTERNOON SESSION.

The Association met at the Girard College, agreeably to adjournment, and under the guidance of the Directors and Officers of that magnificent monument of private charity, proceeded to visit its various parts, and to examine its internal arrangements, and then adjourned to meet at the Hall of the American Philosophical Society, at 9 o'clock to-morrow morning.

#### SECOND DAY.—MORNING SESSION.

The Association met agreeably to adjournment. The minutes of yesterday's sessions were read and adopted.

Dr. Edward Jarvis, of the Dorchester (private) Institution, Mass., and Dr. Morrin, of the Quebec (Canada) Lunatic Asylum, took their seats as Members of the Association.

Dr. W. H. Stokes, of the Mount Hope Asylum, near Baltimore, appeared and took his seat, as a member of the Association.

Dr. Charles Evans, Consulting Physician of the Friends' Asylum, also took a seat with the Association.

J. Konigsmacher, as Trustee of the Pennsylvania State Lunatic Hospital, at Harrisburg, Alex'r Cummings, W. S. Hansell, and T. Robinson, Esq's., as Guardians of the Philadelphia Lunatic Asylum, took seats with the Association.

The Secretary, on behalf of the Officers of the United States Mint, tendered an invitation to the Association to visit that institution;—also a similar one from the Managers of the Pennsylvania Hospital—and from the Pennsylvania Institution for the Instruction of the Blind—from the Pennsylvania Institution for the Deaf and Dumb, and from the Philadelphia Athenæum, which were accepted and referred to the business committee.

Dr. Kirkbride, from the business committee, made a report.

Dr. Curwen, read a paper, containing a manual for the use of attendants in Institutions for the Insane, which after discussion, was laid upon the table.

On motion of Dr. Higgins, it was

*Resolved*, That a committee be appointed to examine the manual prepared by Dr. Curwen, and be requested to report during the present meeting of the Association.

Drs. Hanbury Smith, Fonerden, and Benedict, were appointed the committee.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That a committee be appointed to draw up a Constitution and Code of By-Laws for the government of the Association, and to aid in the despatch of business. Drs. Hanbury Smith, Kirkbride, and Nichols, were appointed the committee.

A letter from Barnes Sears, Esq., Secretary of the Massachusetts Board of Education, relative to the prevention of Insanity, by means of early education, was read and referred to a committee of three.

Dr. Ray, read a paper, entitled "Hints to Medical Witnesses in questions of Insanity," when, after discussion, on motion of Dr. Kirkbride, it was

*Resolved*, That the paper just read by Dr. Ray, is of so practical and valuable a character, that he be requested to publish it in the *American Journal of Insanity*, as containing the sentiments of this Association on the subject to which it refers.

Dr. Hanbury Smith, from the committee on publication, made a report, in which was recommended the publication of a volume of transactions, containing the history of the rise and progress of the Association, an abstract of its proceedings, and a selection from the papers read at its annual meetings. On motion of Dr. Kirkbride, the subject was referred back to the same committee to make a further report at a future session.

A communication was received from a committee of the Board of Guardians of the Philadelphia Alms House, inviting the Association to

visit that institution, which was read, accepted, and referred to the business committee.

The paper prepared by Dr. Galt, and laid on the table yesterday, was called up for discussion, after which Dr. Patterson, offered the following resolution, viz :

*Resolved*, That it is the duty of the community to provide, and suitably care for all classes of the Insane, and that in order to secure their greatest good and highest welfare it is indispensable, that Institutions for their exclusive care and treatment, having a resident Medical Superintendent, should be provided, and that it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in County Poor Houses or other institutions, with those afflicted with, or treated for, other diseases, or confined for misdemeanors ; which, on motion of Dr. Parker, was laid on the table for future consideration.

Dr. Earle, commenced reading an account of several Institutions for the Insane on the continent of Europe, visited by him two years since, and suspended the reading, on a motion to adjourn to meet at the Pennsylvania Hospital for the Insane, at 2 P. M., which was agreed to.

#### AFTERNOON SESSION.

The Association met agreeably to adjournment.

Dr. Chandler, of the Massachusetts State Lunatic Hospital, appeared and took his seat as a member of the Association.

Under the guidance of Dr. Kirkbride, the Association proceeded to visit and examine the Pennsylvania Hospital for the Insane, and then adjourned to meet at the Hall of the American Philosophical Society, at 9 o'clock to-morrow morning.

#### THIRD DAY.—MORNING SESSION.

The Association met agreeably to adjournment.

The minutes of yesterday's proceedings were read and adopted.

Dr. Ranney, of Blackwell's Island Lunatic Asylum, took his seat as a member of the Association.

Dr. Earle, concluded the reading of his paper interrupted by the adjournment yesterday morning.

An invitation from Dr. Horner, to visit the University of Pennsylvania, and Wistar Museum, was read, accepted and referred to the business committee.

Dr. Kirkbride, from the standing committee on the construction of Hospitals for the Insane, in compliance with the resolution adopted last year, read a report, containing a "series of Resolutions or propositions,

affirming the well ascertained opinions of this body in reference to the fundamental principles which should regulate the erection and internal arrangements of American Hospitals for the Insane."<sup>\*</sup>

Which propositions having been duly read and maturely considered, were adopted by the Association.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That the Secretary be instructed to cause the propositions now adopted, in reference to the construction and arrangements of Hospitals for the Insane, to be published in the Medical Journals of this Continent, as the sentiments of this Association, on the subject referred to.

On motion of Dr. Smith, of Missouri, it was

*Resolved*, That a committee be appointed in reference to the best kinds of furniture for Hospitals for the Insane, to report, if possible, during the present meeting of the Association.

Drs. Buttolph, Benedict, and Curwen, were appointed the committee.

Dr. Fonerden, offered the following resolution, viz :

*Resolved*, (1st.) That when a Hospital for 250 patients, has received 200, a new Hospital ought to be erected in anticipation of the time when the maximum number will be in possession of all the accommodations.

(2nd.) The second Hospital ought then to be constructed, with a view to appropriate it to one sex of patients only, and as soon as it is ready for admissions, there should be transferred to it from the first Hospital, all the patients of that sex for which the new Hospital has been provided.

Dr. Benedict, moved a division of the question, which was agreed to. The first section relative to the erection of a second Hospital was adopted. The second section relative to appropriating the new Hospital to a single sex, being under consideration, on motion of Dr. Kirkbride, it was

*Resolved*, That the whole subject be referred to a committee to report at the meeting next year.

Drs. Fonerden, Benedict and Chandler, were appointed the committee.

On motion of Dr. Patterson, the resolution offered by him yesterday, was taken up for consideration, and after discussion, was adopted.

On motion of Dr. Worthington, adjourned to meet at the Friends' Asylum for the Insane, at 3½ P. M.

#### AFTERNOON SESSION.

The Association met at the Friends' Asylum agreeably to adjournment, and having, under the guidance of Dr. Worthington, examined the different parts of that establishment, came to order for the transaction of business.

<sup>\*</sup> See Article VI., page 79, *ante*.

Dr. Chandler, read a paper on the proper number of patients for one Institution, and whether any advantages would result from a complete separation of the sexes, in Hospitals devoted to their treatment, which after discussion was laid upon the table.

Adjourned to meet at the Philosophical Hall, at 11 o'clock to-morrow morning.

#### FOURTH DAY.—MORNING SESSION.

After having visited in a body, the United States Mint and the Academy of Natural Sciences, the Association met agreeably to adjournment. The minutes of yesterday's proceedings were read and adopted.

Dr. Nichols, read a paper prepared by Dr. Williams, one of the consulting physicians of Blackwell's Island Hospital, N. Y., on Typhomania, which after discussion was laid on the table.

Dr. Kirkbride, read a paper on the Washing, Laundry, Bake House, &c., for Hospitals for the Insane, which after discussion was laid upon the table.

Dr. Jarvis, read a paper on the supposed increase of Insanity, which after discussion was laid upon the table.

Dr. Kirkbride, tendered his resignation of the office of Secretary, to take effect at the close of the present meeting, which was accepted.

On motion of Dr. Benedict, a committee was appointed to nominate a member to supply the vacancy occasioned by the resignation of Dr. Kirkbride.

Drs. Benedict, Hanbury Smith and Worthington, were appointed the committee.

Dr. Chandler, commenced the reading of an obituary notice of the late Samuel B. Woodward, M. D., the first President of this Association, and prepared at the request of the last meeting.

Dr. Hanbury Smith, moved that a committee of finance be appointed, which was agreed to.

Drs. Hanbury Smith, Kirkbride, and Butler, were appointed.

The finance committee made a report, which was accepted.

Adjourned to meet at the Philadelphia Hospital for the Insane, Blockley, at 4 P. M.

#### AFTERNOON SESSION.

After having visited the Pennsylvania Hospital, in the City of Philadelphia, the first Institution provided in America for the treatment of the Insane, being founded just a century ago, the Association under the

guidance of Dr. Haines, proceeded to inspect the different parts of the Philadelphia Lunatic Hospital and Alms House, Blockley.

On motion of Dr. Fonerden, it was

*Resolved*, That a committee of three be appointed to decide upon the place of the next meeting of the Association.

Drs. Kirkbride, Parker, and Patterson, were appointed the committee.

Dr. Hanbury Smith, from the committee relative to the manual for attendants, offered the following resolution which was adopted, viz :

*Resolved*, That Dr. Curwen, when printing his manual, be requested to supply each member of the Association with an interleaved copy, and that these copies, with what remarks may be suggested during the year, be handed to the committee before making a final report next year.

Adjourned to meet at the Philosophical Hall, at 9 o'clock to-morrow morning.

#### FIFTH DAY.—MORNING SESSION.

The Association met agreeably to adjournment.

On motion of Dr. Nichols, it was

*Resolved*, That a committee be appointed to express the thanks of this Association, to the various boards of managers and officers of the different institutions, visited by the Association, as well as to the various other bodies to whom we are indebted for invitations and other acts of kindness.

Drs. Nichols, Smith, of Ohio, and Smith, of Missouri, were appointed the committee.

A. C. Collins, Esq., a Manager of the Connecticut Retreat, took a seat with the Association.

On motion of Dr. Worthington, it was

*Resolved*, That the members of the Association be requested to report to the next meeting, all the fatal cases of that form of disease described by Dr. Bell, in his paper read before this Association in 1849, and other cases resembling it, together with the result of their autopsies, especial reference being had to the condition of the thoracic, abdominal and pelvic viscera, as well as to that of the brain.

Dr. Kirkbride, from the committee to select a place for the next meeting, reported that they had agreed to recommend that when the Association adjourns, it will adjourn to meet in the City of New-York, on the 3rd Tuesday of May, 1852, at 10 o'clock, A. M., which recommendation was adopted.

On motion of Dr. Fonerden, it was

*Resolved*, That Dr. Ray, be chairman of the committee in reference to Mr. Sears' letter, and that he nominate his associates. 2nd. That the Secretary of this Association write to the Secretary of the Massachu-

setts Board of Education, informing him that his letter of June 22nd, 1850, to Dr. Fonerden, was read at a meeting of the Association held 19th May, 1851, and then referred to a committee to report at the annual meeting in 1852.

Dr. Chandler, finished the reading of his notice of the late Dr. Woodward, interrupted by the adjournment yesterday, when on motion of Dr. Kirkbride, it was

*Resolved*, That Dr. Chandler, be requested to publish the memoir in the American Journal of Insanity.

Dr. Buttolph, offered the following resolutions, which were unanimously adopted, viz :

*Resolved*, That this Association fully appreciates the benevolent motives, the self sacrificing labours, and the untiring perseverance of Miss D. L. Dix, in her efforts to ameliorate the condition of the Insane of our country, and that we deeply regret the failure during the last and previous Sessions of Congress, of her application to that body for an appropriation of a portion of the Public Lands, for the benefit of the indigent insane of the several States.

*Resolved*, That we do now, as we have heretofore done, most cordially recommend the passage of this act by Congress, believing as we do, that the measure would be alike creditable to the benevolent character of our government and people, and useful to the unfortunate recipients of the bounty.

*Resolved*, That Miss Dix, be encouraged by our advice and sympathy, to continue her application in behalf of this object, until her efforts are crowned with success, and that the Secretary be requested to furnish her with a copy of these resolutions.

The Treasurer, Dr. Kirkbride, reported: That since the last meeting he had received \$18, and had paid expenses of the Association to the amount of \$12.59, leaving in his hands a balance of \$6.73.

On motion of Dr. Fonerden, it was

*Resolved*, That the President of the Association be requested to open the next meeting, with a public address on the progress of knowledge concerning Insanity.

Dr. Nichols, in compliance with the request of the last meeting of the Association, read an obituary notice of the late Amariah Brigham, M. D., one of its Vice Presidents, when on motion of Dr. Kirkbride, it was

*Resolved*, That Dr. Nichols, be requested to publish the same in the American Journal of Insanity.

Dr. Haines, read a paper, descriptive of the system of steam heating, connected with a forced ventilation adopted at the Hospital buildings of



the Philadelphia Alms House, which after discussion was laid upon the table.

On motion of Dr. Hanbury Smith, the committee on a Constitution and By Laws was continued, to report at the next meeting.

On motion of Dr. Smith, of Missouri, it was

*Resolved*, That a committee of three be appointed to report at the next meeting of the Association, on the relative value of an upward and downward ventilation in Hospitals for the Insane.

Drs. Bell, Smith, of Missouri, and Haines, were appointed the committee.

Dr. Ray, made a statement in reference to an act passed by the last legislature of the State of Rhode Island, defining the legal relations of the Insane of that Commonwealth.

Dr. Nichols, from the committee appointed for the purpose, reported the following resolutions, which after consideration, were unanimously adopted, viz :

*Resolved*, That the members of this Association have visited and inspected the Pennsylvania Hospital for the Insane, under the care of Dr. Kirkbride, as well as the parent Institution in the city of Philadelphia, with great interest and satisfaction, recognizing in both abundant evidence of the well-directed benevolence to which they owe their origin, and feeling convinced that, if not unequalled, they are, at least, unexcelled.

*Resolved*, That upon a close inspection of the Friends' Asylum for the Insane, near Frankford, under the care of Drs. Evans and Worthington, the Association has much pleasure in testifying to the excellent condition in which they found that well-conducted and now venerable Institution.

*Resolved*, That the visit of the members of the Association to the Philadelphia Hospital and Lunatic Asylum in Blockley, under the medical care of Dr. Haines, has afforded them an opportunity of avowing their conviction that this establishment occupies a prominent position among the great charities which are the glory of Philadelphia. The cleanliness and comfort of its spacious apartments, the classification, order, and freedom from restraint of its insane inmates, are commendable ; and in all that relates to the supply of water, warmth, ventilation, and drainage, this Institution is not only in advance of similar pauper establishments, but even of some of our State Hospitals.

*Resolved*, That while the Association finds so much to admire and commend in this Institution, and approvingly observes the astonishing improvements effected since its last Meeting in this city, six years ago, it feels free to remind the Board of Guardians, of its well-known opinions on the importance of providing labor, and spacious and constantly

and readily accessible grounds for exercise for the Insane, especially as the Institution possesses abundant means of accomplishing such advisable improvements, in the extensive grounds and beautiful gardens connected with it.

*Resolved*, That our thanks are especially due to the Boards of Managers and Guardians of all the Institutions above-mentioned for their personal attentions and the kindness shown us, on the occasion of the visit of inspection to which reference has just been made, as well as other times, and for other proffered privileges of which want of time has prevented our availing ourselves.

*Resolved*, That our thanks are due, and are hereby tendered, to the President and Directors of the Girard College for Orphans, for the liberal manner in which the Association was entertained during its visit to every part of that magnificent and admirably conducted Institution.

*Resolved*, That the Association returns its warmest thanks to Dr. R. M. Patterson, Director, and Franklin Peale, Esq., Chief-coiner, of the United States Mint, for the highly appreciated privilege afforded us of inspecting every part of this establishment, justly renowned for the elegance and perfection of its machinery and arrangements, and for the admirable manner in which it is conducted.

*Resolved*, That the Association gratefully acknowledges the liberality and kindness which prompted the American Philosophical Society to tender its Hall for the Meetings of the Association, and the use of which places us under special obligations to that body.

*Resolved*, That the thanks of the Association are also due to the Managers of the Pennsylvania Hospital for the offer of their beautiful Library-Room, for the Meetings of the Association: to the Officers of the Academy of Natural Sciences, for the privilege of making a very gratifying visit to that valuable Institution; to the Officers of the Pennsylvania Institution for the Instruction of the Blind, of the Pennsylvania Institution for the Deaf and Dumb, of the Philadelphia Athenæum, and of the University of Pennsylvania, for the courteous invitations to visit those Institutions, which want of time alone prevented our accepting.

*Resolved*, That the Secretary be requested to furnish the daily papers of Philadelphia with a copy of these resolutions, for publication.

The committee appointed to select a Secretary, in the place of Dr. Kirkbride, resigned, nominated Dr. Buttolph, who was duly appointed.

On motion of Dr. Hanbury Smith, it was

*Resolved*, That while the Association reluctantly accepts the resignation of its Secretary, Dr. Thomas S. Kirkbride, it feels that it is due, not only to him, but to itself, to express its full appreciation of the faith-

ful, devoted, and acceptable manner in which he has discharged the duties, often arduous and irksome, of the office, which he has filled from the first organization of the Association, and for which we return him our heart-felt thanks.

Dr. Hanbury Smith, from the committee on publication, asked that said committee be continued, which was agreed to.

On motion of Dr. Parker, it was

*Resolved*, That the thanks of the Association are cordially tendered to its Vice-President, Dr. I. Ray, for the able, impartial, and courteous manner in which he has performed the duties of presiding officer during the present Meeting.

On motion of Dr. Benedict, it was

*Resolved*, That the President of the Association be requested (within two months of the adjournment of the present meeting) to assign to each member a subject, on which he shall make a written report at the next meeting.

On motion of Dr. Nichols, it was

*Resolved*, That the Secretary be requested to furnish a copy of the Proceedings of the Association to the Editor of the "American Journal of Insanity," and to the Editors of the various Medical Journals in the United States and Canada, for publication in their respective journals.

After some remarks by the Vice-President, Dr. Ray, on motion of Dr. Butler,

The Association adjourned, to meet in the city of New York, on the third Tuesday in May, 1852, at 10 o'clock, A. M.

THOMAS S. KIRKBRIDE,

*Secretary.*

## S E L E C T I O N S .

## CASE OF SAMUEL HILL.\*

[We are indebted to a friend, now in London, for a copy of "The Times" of May, 15, 1851, containing the termination of this trial. Owing to the usual delay in printing the decisions on reserved Crown Cases, we shall not probably receive the opinions of the Judges, *in extenso*, under several months.]

CENTRAL CRIMINAL COURT, May, 14.

Before Mr. Baron ALDERSON and Mr. Justice TALFOURD.

*Samuel Hill* was placed at the bar to receive sentence.

Baron ALDERSON, addressing the prisoner, said that he had been convicted at a previous session of the offence of manslaughter, but a point was reserved for consideration whether one of the victims was competent to give evidence, he being a lunatic. That point had since been carefully considered by the judges in the Court of Appeal, and they had come to the decision that such a witness might be examined, as they considered that the question was not as to his competency but as to his credibility; and if the jury were of opinion that at the time of the transaction he was in a state to be able to give a rational account of the matter, they would be justified in acting upon his evidence. In this case the jury had come to that opinion, and he believed the learned judge who tried the case entirely concurred with them in the opinion they had formed. He stood, then, legally convicted of this offence, that he, being engaged as a keeper in a lunatic asylum, had caused the death of one of the patients under his charge by his violence towards him. He gave him credit for not having entertained an intention to have caused so serious a result, but he was placed in a position of great delicacy and responsibility, and it was his duty to regard the miserable creatures who were placed under his care with kindness and compassion, and to treat

\* See vol. vii., page 386.

them with much more consideration than persons who were not so afflicted; and such authority should always be exercised in a compassionate and Christian manner. At the time he inflicted the fatal violence he had no doubt that he received a good deal of provocation from the deceased, but he ought to have recollected that he had to deal with a person who did not know what he was about, and he should have regarded his conduct as he would that of a child, and have acted accordingly, and not have resorted to violence towards the unfortunate man. The sentence which he was directed to pass upon him under all the circumstances was, that he be imprisoned and kept to hard labor in the House of Correction for one year, to be computed from the period of his conviction.

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#### PUERPERAL MANIA AND ITS CONNECTION WITH

OVARITIS.—By Prof. C. R. GILMAN, M. D.

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Dr. Gilman stated that he had recently witnessed a post-mortem examination of a patient who died six weeks after her confinement, and fourteen after the occurrence of puerperal mania. The symptoms of the mental disease commenced with derangement of the genital functions. On making the autopsy, no disease of any organ was discovered, except that the right ovary was very much enlarged and intensely congested: the broad ligament of the same side was in the like condition.—The left ovary and broad ligament were but very little congested. The uterus had resumed its normal size and appearance. He asked if any member of the society had noticed the coincidence of this condition of the ovary, with puerperal mania? Dr. Barker, late of Norwich, Conn. had told him that he had seen one case, in which a similar condition of the ovary was found. Vascular excitement does not usually attend this disease, (puerperal mania,) Dr. McDonald, in the *New-York Journal of Medicine*, and in the *American Journal of Insanity*, has called attention to a form of the disease, attended with great vascular excitement, which proves fatal. Usually, when the pulse is much excited, danger may be apprehended. Dr. G. further stated, that he had seen two such cases, both of which prove fatal.—*Proceedings of the New-York Pathological Society, in New-York Journal of Medicine, Jan'y 1851.*

## BOOKS RECEIVED.

We have received from the Publishers (Messrs. Lindsay and Blakeston) the following books:—

**THE PHYSICIAN'S PRESCRIPTION BOOK**, containing a List of Terms, and Abbreviations used in Prescriptions, with Explanatory Notes, together with a Key containing the Prescriptions in an unabbreviated form, &c. First American, from the Tenth London edition. 18mo. Philadelphia: 1851.

This is a very excellent book, and none the less so, for containing some rules for writing English and pronouncing Latin correctly. It embraces also a vast deal of information as to the nature and form of prescriptions, explaining the proper mode of writing them, with a full and satisfactory vocabulary of the articles employed. We are scarcely aware of any Manual that will be of more use to the Physician daily, and hourly, as a pocket companion.

**WALKER ON INTERMARRIAGE**, reprinted from the English Edition, 1851.

We shall notice this hereafter.

We have also received, through the kind agency of Mr. H. Bossange, of Paris the following Journals in exchange:—

**Revue Medicale, Francaise et Etrangere; Journal des progres de la Medecine Hippocratique**, par J. B. Cayol, ancien Professor de Clinique Medicale, &c. The numbers for the 16th, and 31st of Jan. 1851.

**Annales Medico-Psychologiques, Journal de L' Alienation Mentale, et de la Medecine Legale Des Alienes**, par Les Docteurs Baillarger, Briere de Boismont, et Cerise. 2nd Series, Vol 3, No. 1, for January, 1851.

**Journal de Medecine et de Chirurgie Pratiques, &c.** Par Lucas Championniere, Docteur en Medecine, &c. November and December, 1850; January and February, 1851.

**Journal des Connaissances Medico-Chirurgicales**, publie par Le Dr. A. Martin Launer. Numbers, semi-monthly, for November and December, 1850, and January and February 1851.

**La Lancette Francaise, Gazette Des Hospitant Civils et Militaires**, published triweekly. The Numbers from Jan'y 1, 1851, to March 1, 1851, inclusive.